**Court of Washington, County/City of**

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|  Petitioner DOB vs. Respondent/Defendant DOB | **No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Declaration of Protected Person about Weapons Surrender** **(DCLR)** |

Defendant/Restrained Person filed a:

[ ] *Proof of Surrender* [ ] *Declaration of Non-Surrender* [ ] Unknown

I want the court to know the following about Defendant/Restrained Person’s compliance or non-compliance with weapons surrender.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on: *(date)* at *(city)* , Washington.

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Signature of Protected Person Print Name