

\_\_\_\_\_ Court of Washington  
County of \_\_\_\_\_

_____ Plaintiff/Petitioner vs. _____ Defendant/Respondent DOB: _____	<b>No.</b> <b>Notice of Ineligibility to Possess a Firearm (NTIPF)</b> <b>Clerk's Action Required (DOL and NICS)</b>
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**To the Defendant/Respondent:**

You are advised that:

- the court committed you for mental health treatment under chapter 71.05 RCW, chapter 71.34 RCW, or chapter 10.77 RCW.
- the court dismissed the criminal charges against you under RCW 10.77.088, and the court has found that you have a history of one or more violent acts.

***You are required to immediately surrender any concealed pistol licenses. You may not possess a firearm until your right to do so has been restored by a court of record.***

This notice has been read to the Defendant/Respondent.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Defendant/Respondent's Signature

\_\_\_\_\_  
Judge/Commissioner/Pro Tem

*The information below has been filled in by the State based on available information.*

The date of commitment: \_\_\_\_\_.

The date of dismissal under RCW 10.77.088: \_\_\_\_\_.

A copy of the Defendant/Respondent's driver's license or identicard is attached, **or**

Defendant/Respondent's	Last Name,	First Name	Middle Name
List any Aliases:			

Residential Address		(Street)	(City)	(State)	(Zip)
Date of Birth (month/date/year)			Driver's License/ID Number		
Race:	Sex:	Weight:	Height:		
Eyes:	Hair:	Court NCIC No.			

**The Court Clerk Submits to:** Dept. of Licensing, Business & Professions Firearms Unit, [firearms@dol.wa.gov](mailto:firearms@dol.wa.gov) (PO Box 9649, Olympia, WA 98507-9649), and to the National Instant Criminal Background Check System (NICS).