

Case Name: _____

County: _____ Case No: _____

Firearm Identification Worksheet

(You may attach this to the petition.)

1. Does the restrained person ☐ own or ☐ have access to any firearms?

☐ Yes ☐ No ☐ I don't know

Explain how they may have access: _____

2. Does the restrained person purchase, own, or have access to parts that could be assembled into a working firearm (example: ghost guns)?

☐ Yes ☐ No ☐ I don't know

3. Does the restrained person have a concealed pistol license (CPL)?

☐ Yes ☐ No ☐ I don't know

4. When was the last time you saw the firearm/s? _____

5. Do you know where the restrained person keeps the firearm/s?

☐ Yes ☐ No

If yes, check all that apply:

☐ On their Person ☐ In their Car ☐ In their Home ☐ Storage Unit ☐ In a Safe

6. To the best of your knowledge, are the guns typically loaded?

☐ Yes ☐ No ☐ I don't know

7. How important are the firearms to the restrained person?

☐ 1 (not very important) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (very important) ☐ I don't know

8. What does the restrained person generally use the firearms for, if known? *(check all that apply)*

☐ Hunting ☐ Collecting ☐ Target Shooting ☐ Protection ☐ Other: _____

9. Does the respondent possess explosives?

☐ Yes ☐ No ☐ I don't know

10. Does the restrained person own or possess any other dangerous weapons you believe should be surrendered?

☐ Yes ☐ No ☐ I don't know If yes, list them here: _____

The pictures below are examples of the most common guns. If you recognize any of the pictures below as similar to the one/s the restrained person has, please check it and write in how many they have of each.

☐ **Handgun** (how many) _____



☐ **Unassembled Firearm** (how many) _____



☐ **Semi-automatic Rifle** (how many) _____



☐ **Rifle/Shotgun** (how many) _____



☐ **Other firearm/s** (describe):

►
Sign here

Print name

Date