

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.

<p><input type="checkbox"/> Handgun (how many) _____</p> 	<p><input type="checkbox"/> Unassembled Firearm (how many) _____</p> 
<p><input type="checkbox"/> Semi-automatic Rifle (how many) _____</p> 	
<p><input type="checkbox"/> Rifle/Shotgun (how many) _____</p> 	
<p><input type="checkbox"/> Other firearm/s (describe):</p>	

▶ _____
Sign here Print name Date