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| **Court** District CountyColorado County: Court Address:  |  **Court Use Only**  |
| The People of the State of Colorado v.Defendant:  |
| My Name: Address: Phone Fax: Email: Atty. Reg.#:  | CaseNumber: Division: Courtroom:  |
| **Affidavit of Relinquishment of Firearms and/or Ammunition**(Criminal Mandatory Protection Order) |

By law, this form must be filed with the Court **within seven (7) business days** after the Court issues an order to relinquish firearms and/or ammunition pursuant to C.R.S. § 18-1-1001(9)(e)(II).

I, declare under oath as follows:

1. By checking this box, I am acknowledging I **did not** possess a firearm at the time the order to relinquish firearms was issued.
2. By checking this box, I am acknowledging I possessed a firearm at the time of the qualifying incident giving rise to the duty to relinquish the firearm, but sold or transferred the firearm to a private party prior to the Court’s order to relinquish firearms.

You must acquire a written receipt *and* signed declaration that complies with C.R.S. § 18-1- 1001(9)(h)(I)(A) and file it along with this affidavit **within seven (7) business days** of the Court’s order to relinquish firearms and/or ammunition.

1. By checking this box, I am acknowledging that there is/are (number of) firearm(s) in my immediate possession or control or subject to my immediate possession or control.
2. The **make**, **model**, and **location** of each firearm is as follows:

|  |  |  |
| --- | --- | --- |
| **MAKE** | **MODEL** | **LOCATION** |
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1. If the above firearm(s) remain in your immediate possession or control, provide the reason below:

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By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content.

1. **Verified Signature**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the day of , , at

*(date) (month) (year)*

 , \_.

(city or other location, and state or country)

Print Name:

Signature:

Attorney Signature:

*(If any) (date)*