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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:  |
| **Signed Declaration - Firearm and/or Ammunition Relinquishment**(Criminal Mandatory Protection Order) |

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:

Name of Person Relinquishing the Firearms: Email Address: Address: Phone Number(s): Driver’s License or Government Issued ID Number: Date of Birth:

Pursuant to C.R.S. §18-1-1001(d)(I), I have sold or transferred possession of the firearm(s) or ammunition listed below to federally licensed firearms dealer:

 .

Pursuant to C.R.S. §18-1-1001(d)(II), I have arranged for the storage of the firearm(s) or ammunition listed below with law enforcement agency:

 .

Pursuant to C.R.S. §18-1-1001(d)(II), I have arranged for the storage of the firearm(s) or ammunition listed below with storage facility: which law enforcement agency: has contracted with for the storage of transferred firearms or ammunition.

Pursuant to C.R.S. §18-1-1001(d)(III), I have sold or transferred possession of the firearm(s) or ammunition listed below through a federally licensed firearms dealer to private party:

 who may legally possess the firearm or ammunition **and** have complied with all the provisions of C.R.S. §18-12-112 concerning private firearms transfers, including but not limited to the performance of a criminal background check of the transferee.

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**(Use page 4 to enter additional firearm information if needed)**

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.

# 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)*

**Acknowledgement of Receipt of Firearms and/or Ammunition**

Received by, **federally licensed firearms dealer**:

Signature: Date and Time:

Received by, **law enforcement agency**:

 \_\_\_

Signature: Date and Time:

Received by, **storage facility contracted by law enforcement agency**:

Signature: Date and Time:

Received by, **private party**:

Signature: Date and Time:

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