

**Application for Administrative Relief from Federal Firearms Prohibitions Imposed Pursuant to
18 U.S.C. §922 (d)(4) and (g)(4)**

I, _____, the subject of this application for relief from federal firearms prohibitions imposed pursuant to 18 U.S.C. sec 922(d)(4) and (g)(4), as permitted by the federal "NICS Improvement Amendments Act of 2007" do hereby state that pursuant to §13-5-142 et seq., and/or §13-9-123 et seq. C.R.S.: (check all that apply)

I am the subject of the record in Case Number _____, in _____ District Court; (attach any applicable court documents) **AND**

I have not had two recommitment orders under section 27-81-112 (7) and (8), C.R.S., **AND**

I was not discharged from treatment under section 27-81-112 (11), C.R.S., on the grounds that further treatment would not be likely to bring about significant improvement in my condition; **AND**

At least three years have passed from the date of this request since one of the following occurred:

1. For a record in the national instant criminal background check system based on a finding of incapacity, the court entered an order pursuant to section 15-14-318, C.R.S., terminating a guardianship on a finding that I am no longer an incapacitated person; (attach any applicable Orders) **OR**
2. The period of commitment of the most recent order of commitment or recommitment expired; (attach any applicable Orders) **OR**
3. For a record in the national instant criminal background check system based on an order of commitment to the custody of the unit in the department of human services that administers behavioral health programs and services, including those related to mental health and substance abuse;
 - a. The court entered an order terminating my incapacity; (attach any applicable Orders) **OR**
 - b. The court entered an order discharging me from commitment after a habeas corpus action; (attach any applicable Orders) **OR**
4. For a record in the national instant criminal background check system based on a court order for involuntary certification for short-term treatment of mental illness;
 - a. the record in the case was sealed pursuant to section 27-65-107 (7), C.R.S.; **OR**
 - b. the court entered an order discharging me from commitment after a habeas corpus action; (attach any applicable Orders).

- 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 of this form.

VERIFICATION

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)

(Printed name of Applicant)

Signature of Applicant