

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____ <b>In the Interest Of:</b> _____, <b>Respondent</b>	
Attorney or Party Without Attorney (Name and Address):  Phone Number:                      E-mail: FAX Number:                         Atty. Reg. #:	<b>▲ COURT USE ONLY ▲</b> Case Number:  Division                              Courtroom
<b>PETITION FOR RELIEF PURSUANT TO §13-5-142.5 OR §13-9-124 FROM FEDERAL FIREARMS PROHIBITIONS IMPOSED PURSUANT TO 18 U.S.C. §922(d)(4) and (g)(4)</b>	

I, \_\_\_\_\_ (Respondent), request that this Court grant relief from the federal firearms provisions imposed against me pursuant to 18 U.S.C. §922 (d)(4) and/or (g)(4), and as grounds for such relief, I state as follows (check all that apply):

1. I am a person:

- to whom the sale or transfer of a firearm or ammunition is prohibited by 18 U.S.C. §922(d)(4);  
**OR**
- who is prohibited from shipping, transporting, possessing, or receiving a firearm or ammunition pursuant to 18 U.S.C. §922(g)(4).

2. I fall into one or more of the categories listed below:

- I have been found to be incapacitated by order of the court pursuant to part 3 of article 14 of title 15, C.R.S.;  
**OR**
- I have been committed by order of the court 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, pursuant to §27-81-112 or §27-82-108, C.R.S.;  
**OR**
- The court has entered an order for my involuntary certification for short-term treatment of mental illness pursuant to §27-65-107, C.R.S. for extended certification for treatment of mental illness pursuant to §27-65-108, C.R.S., or for long-term care and treatment of mental illness pursuant to §27-65-109, C.R.S.

3. A copy of my recent criminal history records and mental health records are attached to this Petition (**this information must be provided**).

4. I am not likely to act in a manner that is dangerous to public safety (explain and attach additional pages and/or supporting documentation as necessary):

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5. Granting the relief I am requesting is not contrary to the public interest (explain and attach additional pages and/or supporting documentation as necessary):

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6. In support of this Petition I am additionally submitting character witness statements.  Yes  No

7. I request that the court conduct a hearing on this Petition. I understand I must schedule the hearing with the court by contacting the court. I understand that if I fail to schedule a hearing, the Petition may be dismissed or denied. I understand that I must be present for any hearing and that I may bring additional information and/or character witnesses.

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.

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### 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 Petitioner)

\_\_\_\_\_  
Signature of Petitioner

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