| Co | urt | | | | |
|---------|---|--|--|--|--|
| Col | orado County: | | | | |
| Cou | urt Address: | | | | |
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| The | e People of the State of Colorado | | | | |
| | endant: | Court Use Only | | | |
| | | • | | | |
| | Name: | Case Number: | | | |
| | dress: | Division: | | | |
| | one Fax: | | | | |
| Em | ail: Atty. Reg.#: | Courtroom: | | | |
| | Signed Declaration - Firearm and/or Ammunition (Criminal Mandatory Protection Order) | Relinquishment | | | |
| relin | form must be filed with the Court within seven (7) business days aft quish firearms and/or ammunition pursuant to C.R.S. § 18-1-1001(9)(e | e)(II). | | | |
| Nam | ne of Person Relinquishing the Firearms: | | | | |
| Ema | il Address: | | | | |
| Addı | ress: | | | | |
| Pho | ne Number(s): | | | | |
| Drive | er'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 | | | | |
| t | 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 posse ammunition listed below through a federally licensed firearms dealer to who may legally possess the firear | p private party: rm 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. | | | | |

| Make | Model | Serial Number |
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| | | - January Comments |
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(Use page 4 to enter additional firearm information if needed)

| ☐ By checking this box, I am acknowled | doing I am filling in th | ne blanks and not changing anything |
|--|--------------------------|---------------------------------------|
| else on the form. | | to blanke and not onlying anything |
| ☐ By checking this box, I am acknowled | dging that I have ma | de a change to the original content. |
| Vei | rified Signature | |
| I declare under penalty of perjury under the | _ | hat the foregoing is true and correct |
| | | |
| Executed on the day o | of (month) | ,, at (year) |
| (city or other location, | , and state or c | · |
| (City of other location, | and state or c | ountry) |
| Print Name: | | |
| Signature: | | |
| Attorney Signature | | |
| Attorney Signature: (If any) | | (date) |
| | | |
| Acknowledgement of Re | eceipt of Firearn | ns and/or Ammunition |
| | | |
| Received by, federally licensed firearm | s dealer: | |
| Signature: | Date and Time: | |
| Olgilatule. | _ Date and Time. | |
| Received by, law enforcement agency: | | |
| | | |
| Signature: | Date and Time | |
| Signature: | Date and Time: | |
| Signature: | | |
| Received by, storage facility contracted | d by law enforceme | ent agency: |
| - | d by law enforceme | |
| Received by, storage facility contracted | d by law enforceme | ent agency: |

(Continued from Page 2)

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