

Court <input type="checkbox"/> District <input type="checkbox"/> County Colorado County: _____ Court Address: _____	
The People of the State of Colorado v. Defendant: _____	↑ Court Use Only ↑
My Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Atty. Reg.#: _____	Case Number: _____ 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.

3. 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.

4. The **make, model,** and **location** of each firearm is as follows:

MAKE	MODEL	LOCATION

5. If the above firearm(s) remain in your immediate possession or control, provide the reason below:

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.

6. **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)