

Insert Law Enforcement Agency Name

**RELINQUISHMENT OF FIREARMS PURSUANT TO 18 PA.C.S. §6108.2
CONVICTION FOR MISDEMEANOR CRIME OF DOMESTIC VIOLENCE**

CONVICTION INFORMATION

CAPTION OF CASE	COUNTY COURT OF JURISDICTION	CASE NUMBER	DATE OF CONVICTION

FIREARM(S) AND AMMUNITION LISTING

Description/Make/ Manufacturer	Model	Caliber or Gauge	Length of Barrel	Serial Number

For additional firearms, attach a separate sheet that is signed by the defendant and the dealer/responsible clerk. The sheet should be attached to this form, and it is suggested that the Conviction information listed above also be listed.

Affidavit to be used when Defendant is Using a Licensed Dealer to Relinquish under 18 Pa. C.S. §6108.2

Dealer Number	Business Name	Business Address

Firearm Dealer Acknowledgement

I do solemnly swear (or affirm) and acknowledge that I have taken possession of all firearms listed above, and on any addendum sheet. I will not return the firearm(s) to the defendant unless the defendant is no longer prohibited from possessing a firearm under Federal or State law. I will not sell or transfer these firearms to anyone I know is a member of the defendant's household, or to anyone who is prohibited from possessing a firearm under Federal or State law. I also understand that if I do transfer these firearms to anyone unlawfully, it is possible that I will be subject to criminal prosecution by Federal and State authorities for doing so.

I acknowledge that if I sell or transfer the firearms listed above, that they must be sold or transferred in accordance with 18 Pa.C.S. Chapter 61 (relating to firearms and other dangerous articles).

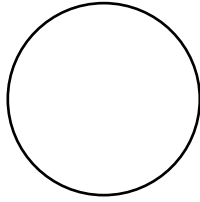
I verify that the statements set forth in this affidavit are true and correct to the best of my knowledge, information and belief. **I understand that that false statements herein are made subject to the penalties of 18 Pa.C.S. §4904 relative to Unsworn Falsification to Authorities.**

Signature (in ink): _____ Date: _____ Time: _____

Name: (printed): _____ Business Phone: _____

Taken, sworn, and subscribed before me, this

Notary



_____ day of _____, _____
(day) (month) (year)

DEFENDANT INFORMATION

Name (Last, First, MI)	Date of Birth	SSN (Optional, but will help prevent misidentification)	Photo ID/Driver License No.
Street Address		City	Zip Code

Defendant Acknowledgement

I do solemnly swear (or affirm) and knowledge that I must turn over to law enforcement any firearms that I own, or that are in my possession, that are not listed on this form. This must be done within 24 hours of conviction or within the time specified by the court for relinquishing firearms. I acknowledge that if I want a licensed firearms dealer to sell or transfer the firearms listed on this form, that they must be sold or transferred in accordance with 18 Pa.C.S. Chapter 61 (relating to firearms and other dangerous articles).

I acknowledge that this is my responsibility to provide the original of this form to the sheriff or appropriate law enforcement within 24 hours of conviction or the time frame specified by the court in my criminal case.

I acknowledge that a failure to comply will result in the appropriate law enforcement agency providing immediate notice to the court, the district attorney, the victim, and sheriff and may result in a criminal investigation and possible prosecution of misdemeanor charges of the second degree.

I verify that the statements set forth in this affidavit are true and correct to the best of my knowledge, information and belief. **I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relative to Unsworn Falsification to Authorities.**

Signature (in ink): _____

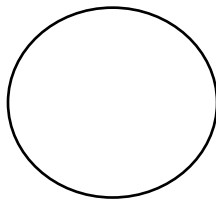
Date: _____

Name (printed): _____

Phone: _____

Taken, sworn, and subscribed before me, this

Notary



_____ day of _____, _____
(day) (month) (year)

FOR APPROPRIATE LAW ENFORCEMENT AGENCY USE ONLY

DEPARTMENT NAME	COUNTY	MUNICIPALITY
RECEIVING OFFICER'S SIGNATURE		RECEIVING OFFICER'S PRINTED NAME
DATE OF THIS FORM SUBMISSION TO THIS OFFICE		TIME OF FORM SUBMISSION TO THIS OFFICE

PRIVACY ACT NOTICE: Solicitation of this information is authorized under Title 18 Pa. §6105.2(c) Relinquishment of firearms and firearm licenses by convicted persons. Disclosure of your social security is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.