

Commonwealth of Pennsylvania

Relinquishment of Firearms Receipt

Pennsylvania State Police/Sheriff/Municipal Law Enforcement
Protection From Abuse Order

RELINQUISHMENT LOCATION INFORMATION

1. Department/Agency Name	2. Department/Agency Incident/Case Number	3. Phone Number	4. ORI
5. Street Address	6. City	7. State	8. Zip Code
9. Accepting Officer/Designee	10. All Firearms Relinquished? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING/PARTIAL	11. Badge # (If Applicable)	12. Date

By completing the above information, I confirm that the Defendant has stated they are surrendering all weapons as required by the applicable court-issued Protection From Abuse Order. If PENDING/PARTIAL is checked, then remaining required weapons must be surrendered to an approved location within the required time allowed to be in compliance.

PROTECTION ORDER INFORMATION

13. Name of Plaintiff (Last, First, MI)	14. County Court of Jurisdiction	15. Protection Order No.	16. Issue Date of Order	17. Exp. Date of Order
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DEFENDANT INFORMATION

18. Name (Last, First, MI)	19. Date of Birth	20. SSN (Optional)	21. Photo ID/Driver License No.	
22. Street Address		23. City	24. State	25. Zip Code
26. Phone Number		27. Email address (If available)		

28. FIREARM(S) RELINQUISHED LISTING

Make/Manufacturer/Description	Model	Caliber or Gauge	Serial Number	Condition

28. FIREARM(S) RELINQUISHED LISTING (Continued)

Make/Manufacturer/Description	Model	Caliber or Gauge	Serial Number	Condition

For additional Firearms on paper copies, use the appropriate continuation sheet to capture the required information.

29. AMMUNITION RELINQUISHED LISTING

Type	Quantity	Description/Details	Condition

For additional Ammunition on paper copies, use the appropriate continuation sheet to capture the required information.

30. OTHER WEAPON(S) RELINQUISHED LISTING

Description	Serial Number (If applicable)	Condition

For additional Other Weapons on paper copies, use the appropriate continuation sheet to capture the required information.

Defendant Signature:

By signing below, I hereby certify that I am the lawful owner of the firearm(s), other weapon(s), or ammunition listed in this form and I concur with the listed condition. I also certify that I am relinquishing all firearms and any other weapon(s) or ammunition that the court has ordered me to relinquish.

I also acknowledge that if I want a firearm dealer to sell or transfer the firearm(s), other weapon(s), or ammunition listed on this relinquishment 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 will inform the Department/Agency of any change in my address or contact information.

I hereby certify that the foregoing statements and the information contained in this form are correct. This certification is made subject to the penalties set forth in 18 Pa.C.S., § 4904 relating to unsworn falsification to authorities.

Signature of Defendant (in ink): _____ **Date:** _____

Accepting Officer/Designee Signature

Signature _____ **Date:** _____

PRIVACY ACT NOTICE: *Solicitation of this information is authorized under Title 23 Pa.C.S., § 6109.2. All information supplied, including your social security number, is confidential and not subject to public disclosure.*