

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA STATE POLICE**

**AFFIDAVIT
RELINQUISHMENT OF FIREARMS PURSUANT TO 18 PA.C.S. § 6105.2
CONVICTION FOR MISDEMEANOR CRIME OF DOMESTIC VIOLENCE**

CONVICTION INFORMATION

1. Caption of Case	2. County Court of Jurisdiction	3. Case No.	4. Date of Conviction
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5. FIREARM(S), WEAPON(S), 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.

FIREARM DEALER INFORMATION

6. Dealer Number	7. Business Name	8. Business Address
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9. 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) identified in this affidavit 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 on this affidavit, 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 false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relative to Unsworn Falsification to Authorities.

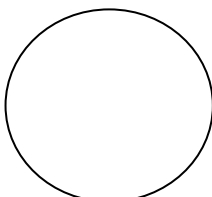
Signature (in ink): _____ **Date:** _____ **Time:** _____

Name (printed): _____ **Business Phone:** _____

Taken, sworn, and subscribed before me, this

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

Notary



DEFENDANT INFORMATION

10. Name (Last, First, MI)	11. Date of Birth	12. SSN (Optional, but will help prevent misidentification)	13. Photo ID/Driver License No.
14. Street Address		15. City and State	16. Zip Code

17. Defendant Acknowledgement

I do solemnly swear (or affirm) and acknowledge 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 affidavit. This must be done within the same time frame specified by the court for relinquishing firearms. I acknowledge that if I want a firearm dealer to sell or transfer the firearms listed on this affidavit, 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 it is my responsibility to provide the original of this affidavit to the sheriff or appropriate law enforcement agency within 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.

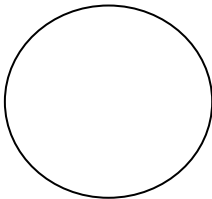
Signature (in ink): _____ Date: _____

Name (printed): _____ Phone: _____

Taken, sworn, and subscribed before me, this

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

Notary



FOR APPROPRIATE LAW ENFORCEMENT AGENCY USE ONLY

18. Department Name	19. County	20. Municipality
21. Receiving Officer's Signature		22. Receiving Officer's Printed Name
23. Date of Affidavit Submission to this office		24. Time of Affidavit Submission to this office

PRIVACY ACT NOTICE: *Solicitation of this information is authorized under Title 23 Pa.C.S. § 6109.2. Disclosure of your social security number 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.*