**Request for the Return of a Firearm**

Sheriff Darryl Forté

Office of the JACKSON COUNTY SHERIFF

**(Please ensure the form is legible and all entries complete)**

**Return this Form to the Jackson County Sheriff's Office**

 **4001 NE Lakewood Court, Lee’s Summit MO 64064**

Owner’s Name (Last, First, Mi): \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other name(s) used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Maiden name, alias, AKA, etc.

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street City State Zip Code

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Soc. Sec.#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s Lic. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weapon Requested: Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(one weapon per form)
 Caliber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JACO Sheriff’s Office associated report number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of ownership is required to be provided **prior** to the release process being started.

Proof of ownership is required in one of the following methods:

[ ] Registration [ ]  Proof of Purchase (receipt) [ ]  Affidavit of Ownership

Be Advised: A criminal history check will be completed on you before the release of the firearm. Your weapon will also be checked against several national databases. For this reason, please allow 4-6 weeks for your request to be processed. Weapons may not be returned if:

* You are the Respondent in an active ex-parte or order of protection
* You are currently on Probation or Conditions of Probation
* You have been Convicted of a Felony

I hereby certify that the above information provided by me to the Jackson County, Missouri Sheriff’s Office is true, accurate and complete. I understand that the Jackson County, Missouri Sheriff’s Office will rely on this information to decide as to my legal authorization to possess a firearm.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This section is to be completed by the Jackson County Sheriff's Office Investigations Division***

The owner, or other person entitled to possession is:

 Eligible  Ineligible to receive and possess a firearm under the laws of this state.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Authorizing Release of Firearm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (sworn member)

 * Investigation completed all required checks including eTrace, background check and proof of ownership reviewed.*

Firearm Released By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jackson County, Missouri Sheriff’s Office
Declaration of Receipt of Firearm**(Completed Upon Return of Firearm**)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge receipt of the firearm described on the reverse of this form from the Jackson County, Missouri Sheriff’s Office.

I certify that I am the lawful owner of the firearm.

I understand that under the laws of the State of Missouri I may not sell, deliver or otherwise transfer any firearm or ammunition to anyone I know, or reasonably should know:

 (1)  Such person has been convicted of a felony under the laws of this state, or of a crime under the laws of any state or of the United States which, if committed within this state, would be a felony; or

(2)  Such person is a fugitive from justice, is habitually in an intoxicated or drugged condition, or is currently adjudged mentally incompetent.

In addition to federal guns laws imposed by the *National Firearms Act* (1934, as revised, *Firearm Owner’s Protection Act of 1986* (as revised), *Brady Handgun Violence Prevention Act of 1993* (as revised), the *1994 Omnibus Crime Control Act* and other laws, most states, and some local jurisdictions, have imposed their own firearms restrictions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Person Receiving Firearm (print legibly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Person Receiving Firearm

Dated this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ­­\_\_\_\_\_\_\_\_
(month) (year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Sheriff’s Office Employee Releasing Weapon