|  |  |  |
| --- | --- | --- |
| **State of Minnesota** |  | **District Court** |
| County of: |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  | **Petition for Restoration of Firearm and Ammunition Rights**Minn. Stat. § 609.165, subd. 1d |  |
|  |  |  |
| vs. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |

###### I am petitioning the court for restoration of firearm and ammunition rights pursuant to Minn. Stat. § 609.165, subd. 1d.

1. My full name, and all other legal names or aliases I have been known as, are:

1. My date of birth is:
2. List all criminal and juvenile delinquency cases that resulted in the loss of firearm and ammunition rights, including all charges, convictions, and adjudications, and also list all pending actions involving felony level offenses. It is recommended that you get a copy of the Register of Actions (ROA) for each case for which you are asking to have your firearm and ammunition rights restored, in order to provide the information requested below. Attach the ROA copies to the Petition. List each case separately. Attach additional pages if necessary.

 Court file number:

 County-State where offense occurred:

 Type of offense(s):

 Date of offense:

 Date of conviction/adjudication:

 Date of discharge from probation:

To assist judges in determining whether to grant the petition, you may want to include a background check. Read the *Instructions* (FIR101) for more information on how to make this request.

1. Have you filed any requests for Restoration of Firearm and Ammunition Rights in the past?
[ ]  Yes [ ]  No

If yes, list each case separately:

Court file number:

Status of request: [ ]  granted / [ ]  denied / [ ]  pending

If granted or denied, list the date of the order:

1. In order to petition for a restoration of firearm and ammunition rights, you must be able to check “True” to all three statements below. If you cannot check “True” to all three statements, talk with an attorney for legal advice.
	1. It has been at least three years since my last request for restoration of firearm and ammunition rights (see paragraph 5 above).

[ ]  True [ ]  False

* 1. I have been discharged from felony probation.

[ ]  True [ ]  False

* 1. I am not currently incarcerated.

[ ]  True [ ]  False

1. I am asking for restoration of my firearm and ammunition rights because
*(Explain why you are asking to have your firearm and ammunition rights restored and if it is sought for employment, sporting, or other purpose. Attach additional pages if needed.)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8. I have taken the following steps toward personal rehabilitation, including treatment, work, community involvement, or other personal history *(Describe in detail your record and progress toward personal rehabilitation. Attach additional pages if needed.)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. I believe that good cause exists to restore my firearm and ammunition rights. *(State in detail why restoring your firearm and ammunition rights would not be contrary to public safety and why this petition should be granted.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

|  |  |  |
| --- | --- | --- |
| Dated |  | Signature |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |