

State of Minnesota

County of: _____

District Court

Judicial District: _____
Court File Number: _____
Case Type: _____

vs.

**Petition for Restoration of
Firearm and Ammunition Rights**

Minn. Stat. § 624.713, subd. 4

1. I am petitioning the court for restoration of firearm and ammunition rights pursuant to Minn. Stat. § 624.713, subd. 4.

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

3. My date of birth is: _____

4. List all cases that resulted in the loss of firearm and ammunition rights resulting from a judicial determination that the petitioner is mentally ill, developmentally disabled, mentally ill and dangerous, or chemically dependent. 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 commitment occurred: _____

Type of commitment: _____

Date commitment was ordered by a judge: _____

Date of discharge: _____

To assist judges in determining whether to grant the petition, you may want to include a background check. Read the *Instructions* (FIR201) for information on how to make this request.

5. 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: _____

6. 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.):

7. 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 or attach a statement from a licensed medical doctor or clinical psychologist which states that you are no longer suffering from the disease or condition that caused the disability or that the disease or condition has been successfully treated for a period of three consecutive years. Attach additional pages if needed.):*

8. I believe that I am not likely to act in a manner that is dangerous to public safety, and that restoring my rights to possess firearms and ammunition would not be contrary to the public interest because *(State in detail why restoring your firearm and ammunition rights would not be dangerous or contrary to the public interest. Attach additional pages if needed.)*:

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

Dated

County and state where signed

Signature

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____