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

,

Petitioner

**Affidavit / Proof of Transfer**

**of Firearms**

and

.

Respondent

I, , state the following:

On , the 🞏Respondent named above 🞏 the following

(Date firearms were transferred/received)

law enforcement agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(name of agency)

🞏 permanently or 🞏 temporarily transferred the firearms identified below to me (check one box below):

🞏 a person who may lawfully receive firearms and does not live with the Respondent. I acknowledge that I may be held criminally and civilly responsible under Minn. Stat.   
§ 624.7144 if the Respondent named above gains access to a transferred firearm while the firearm is in my custody.

🞏 a law enforcement agent with the following agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 a federally licensed firearms dealer, FFL# .

**List the name, make, model and caliber of all firearms transferred in the table below:**

|  |  |  |
| --- | --- | --- |
| Firearm Name / Make | Serial Number | Model / Caliber |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |

**If the Respondent transferred the firearms, the Respondent must file this Affidavit/Proof of Transfer with the court within two business days of the firearm transfer.**

**If a law enforcement agency transferred the firearms, the law enforcement agency transferring the firearms must file this Affidavit/Proof of Transfer with the court within two business days of the firearm transfer.**

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

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

County and state where signed:

Name

Agency or Business Name, if applicable:

Address

City/State/Zip

Telephone ( )

E-mail address: