

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA STATE POLICE**

**AFFIDAVIT  
RELINQUISHMENT OF FIREARMS TO DEALER PURSUANT TO 23 PA.C.S. § 6108.2  
PROTECTION FROM ABUSE ORDER**

**PROTECTION ORDER INFORMATION**

1. Name of Plaintiff (Last, First, MI)	2. County Court of Jurisdiction	3. Case No.	4. Issue Date of Order	5. Expiration Date of Order
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**6. FIREARM(S), WEAPON(S), AMMUNITION LISTING**

Description/Make/Manufacturer	Model	Caliber or Gauge	Length of Barrel	Serial Number

For additional firearms, weapons, and ammunition 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 Protection Order Information listed above also be listed.

**FIREARM DEALER INFORMATION**

7. Dealer Number	8. Business Name	9. Business Address
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10. 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), other weapon(s) or ammunition identified in this affidavit to the defendant while the defendant is the subject of an active protection from abuse order pursuant to 23 Pa.C.S. § 6108, or otherwise prohibited from possessing a firearm, other weapon or ammunition under Federal or State law. I will not sell or transfer these firearms, other weapons or ammunition 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 items 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 firearm(s), other weapon(s), or ammunition listed 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.

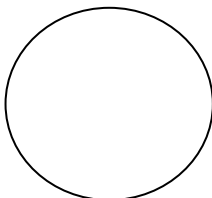
**Signature (in ink):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Taken, sworn, and subscribed before me, this**

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

Notary



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

**DEFENDANT INFORMATION**

11. Name (Last, First, MI)	12. Date of Birth	13. SSN (Optional, but will help prevent misidentification)	14. Photo ID/Driver License No.
15. Street Address		16. City and State	17. Zip Code

18. Defendant Acknowledgement

I do solemnly swear (or affirm) and acknowledge that I must turn over to the sheriff or appropriate law enforcement agency any firearm(s), 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 also acknowledge that if the court orders, I must also turn over to the sheriff any other weapons(s) and ammunition that I own or is in my possession.

I acknowledge that if I want a firearm dealer to sell or transfer the firearm(s), other weapon(s), or ammunition listed 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 within the time frame specified by the court.**

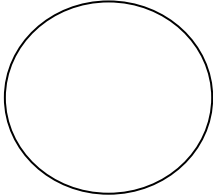
**I acknowledge that a failure to comply will result in the sheriff providing immediate notice to the court, plaintiff, and appropriate law enforcement agencies and may result in a criminal investigation and possible prosecution of misdemeanor charges of the second degree.**

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.A. § 4904 relative to Unsworn Falsification to Authorities.

Signature (in ink): \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Notary 

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

**FOR SHERIFF'S/APPROPRIATE LAW ENFORCEMENT AGENCY USE ONLY**

19. Department Name	20. County	21. Municipality
22. Receiving Deputy or Officer's Signature		23. Receiving Deputy or Officer's Printed Name
24. Date of Affidavit Submission to this office		25. 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.*