

_____ Court, State of New York, County of _____,
at the Courthouse at _____

**Application for Return of Seized Weapons
to Suspect or Arrestee**

Applicant
Address: _____
Phone: (____) _____ - _____
Cell: (____) _____ - _____
Email: _____
Date of Birth: ____/____/____

Application No. _____

The police responded to a report of a family offense on ____/____/____ for which I was suspected or arrested, and weapons and/or licenses were seized pursuant to CPL §140.10(6)(a). More than forty-eight hours have elapsed since the weapons and/or licenses were seized. An order of protection, extreme risk protection order, or other court order prohibiting my possession of said weapons has not been issued, and there is no pending criminal charge or conviction prohibiting my possession of said weapons.

I submit this sworn application demonstrating that I am the lawful owner of said weapons and that there is no legal impediment to my possession of said weapons. I hereby petition the licensing officer to return said weapons to me and to reinstate any licenses issued to carry, possess, repair, and dispose of said weapons pursuant to CPL §140.10(6)(c) as follows:

TYPE	MAKE	MODEL	CALIBER	SERIAL NUMBER	DESCRIPTION/PERMIT NUMBER (if applicable)
<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun <input type="checkbox"/> stun gun <input type="checkbox"/> dart gun					
<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun <input type="checkbox"/> stun gun <input type="checkbox"/> dart gun					
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<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun <input type="checkbox"/> stun gun <input type="checkbox"/> dart gun					

I offer the following attached documents in support of this application demonstrating that I am the lawful owner of the above-listed weapons and that there is no legal impediment to my possession of said weapons.

NOTE: List each attached document with a brief description. Attach additional sheets if necessary:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Signature of Applicant

Sworn to before me this _____
day of _____, 20____.

Notary Public