

COUNTY OF _____

Petitioner

**Application for Renewal of an
Extreme Risk Protection Order [CPLR § 6345]**

vs.

Respondent

Index Number: _____

The petitioner, being a:

- Police Officer, as defined in CPL §1.20; or
- District Attorney with jurisdiction in the county or city where the respondent resides; or
- Family or household member of the respondent, as defined in SSL §459-a (2); or
- School Official of any school in which the respondent is currently enrolled or has been enrolled in the past six months;

Residing or doing business at:

Address: _____

Phone: _____

Cell: _____

Email: _____

AND, an extreme risk protection order having been issued on _____ and being due to expire on _____; the petitioner claims, upon information and belief, that the respondent continues to be likely to engage in conduct that would result in serious harm to self or others as defined in MHL §9.39(a) and hereby petitions the Court to renew the extreme risk protection order against the respondent based upon the facts and circumstances set forth in the following sworn application justifying the issuance of said order, to wit, the respondent has engaged in the following behavior (*check all that apply*):

- A threat or act of violence or use of physical force directed toward self, the petitioner, or another person;
- A violation or alleged violation of an Order of Protection;
- A pending charge or conviction for an offense involving the use of a weapon;
- The reckless use, display or brandishing of a firearm, rifle or shotgun;
- A history of a violation of an Extreme Risk Protection Order;
- Evidence of recent or ongoing abuse of controlled substances or alcohol;
- Evidence of recent acquisition of a firearm, rifle, shotgun or other deadly weapon or dangerous instrument, or any ammunition therefor;
- Other (specify): _____.

Respondent's Age

The respondent's date of birth is _____ and age at the time the above act(s) allegedly occurred was: _____; or If exact age is not known, the respondent's approximate age at the time the above act(s) allegedly occurred was: _____.

Time Elapsed

The above act(s) allegedly occurred:
Less than six months ago; or
More than six months ago.

Additional Details

Please provide any additional details regarding the facts and circumstances of the alleged acts above that may assist the Court in determining if the extreme risk protection order issued against the respondent should be renewed:

Respondent's Location

The respondent currently is located, resides, or may be contacted at:

Current Location: _____

Home Address: _____

Phone: _____

Cell: _____

Email: _____

(Optional: check and complete this section only if applicable)

The petitioner offers the following attached documents in support of this application for renewal of the extreme risk protection order.

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

(Optional: check only if applicable)

Disclosure of petitioner's address or contact information would pose an unreasonable risk to petitioner's health or safety, and petitioner hereby requests that the Court order the confidentiality and redaction of petitioner's address and contact information from any papers served upon or provided to the respondent pursuant to CPLR §6342(6)(a).

Disclosure of petitioner's name would pose an unreasonable risk to petitioner's health or safety, and petitioner hereby requests that the Court order the case caption to reflect that petitioner's name is anonymous and to redact petitioner's name from any papers served upon or provided to the respondent.

On _____, the _____ Supreme Court issued an extreme risk protection order providing for:
Name of County

Confidentiality and redaction of petitioner's address and contact information

Anonymity and redaction of petitioner's name

and petitioner hereby requests that the Court continue said provision upon renewal of said order.

Signature of Petitioner

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

Notary Public