

COUNTY OF _____

**Application for a Temporary
Extreme Risk Protection Order [CPLR § 6341]**

Petitioner

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 Social Services Law §459-a (2); or
- Principal or other chief school officer or their designee named in writing 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: _____

Petitioner alleges that the above-named respondent is likely to engage in conduct that would result in serious harm to self or others as defined in MHL §9.39(a) and petitions the Court to issue a temporary extreme risk protection order against the respondent pursuant to CPLR §6342 based upon the facts and circumstances set forth in the following sworn application justifying the issuance of the 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): _____.

Facts and Circumstances

Please provide specific facts and circumstances justifying the issuance of an extreme risk protection order:

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.

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 an extreme risk protection order.
NOTE: List each attached document with a brief description. Attach additional sheets if necessary:

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

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

- The petitioner knows or has reason to believe that the respondent owns, possesses or has access to a firearm, rifle or shotgun, and the following is a complete listing and description of **ALL** firearms, rifles and shotguns known or believed to be owned, possessed or accessible to the respondent and the respective location of each firearm, rifle or shotgun. For the purposes of this listing, the term "possession," as defined in PL §10.00(8), means to have physical possession or otherwise to exercise dominion or control over tangible property (be as specific as possible regarding the description and location of the weapons and attach additional sheets if necessary):

TYPE	MAKE	MODEL	CALIBER	SERIAL NUMBER	PHYSICAL LOCATION (be specific)
<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun					
<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun					
<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun					
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<input type="checkbox"/> firearm <input type="checkbox"/> rifle <input type="checkbox"/> shotgun					

(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.

Signature of Petitioner

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

Notary Public