**Request for the Return of a Firearm**

Sheriff Darryl Forté

Office of the JACKSON COUNTY SHERIFF

**(Please ensure the form is legible and all entries complete)**

**Return this Form to the Jackson County Sheriff's Office**

**4001 NE Lakewood Court, Lee’s Summit MO 64064**

Owner’s Name (Last, First, Mi): \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other name(s) used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Maiden name, alias, AKA, etc.

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Street City State Zip Code

Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Soc. Sec.#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weapon Requested: Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(one weapon per form)***  
 Caliber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Jackson County Sheriff’s Office associated Report Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROOF OF OWNERSHIP IS REQUIRED** in one of the following methods.

A copy of Proof of Ownership must be provided **WITH THIS COMPLETED FORM** for your request to begin.

Registration  Proof of Purchase (receipt)  Notarized Affidavit of Ownership

Be Advised: A criminal history check will be completed before the release of the firearm. Your weapon will also be checked against several national databases. For this reason, please allow 4-8 weeks for your request to be processed.

**Weapons may not be returned if:**

* You are the Respondent in an active ex-parte or order of protection
* You are currently on Probation or Conditions of Probation
* You have been Convicted of a Felony

I hereby certify that the above information provided by me to the Jackson County, Missouri Sheriff’s Office is true, accurate and complete. I understand that the Jackson County, Missouri Sheriff’s Office will rely on this information to decide as to my legal authorization to possess a firearm. I certify that I am the lawful owner of the firearm.

I understand under the laws of the State of Missouri I may not sell, deliver or otherwise transfer any firearm or ammunition to anyone I know, or reasonably should know:

 (1)  Such person has been convicted of a felony under the laws of this state, or of a crime under the laws of any state or of the United States which, if committed within this state, would be a felony; or

(2)  Such person is a fugitive from justice, is habitually in an intoxicated or drugged condition, or is currently adjudicated mentally incompetent.

In addition to federal guns laws imposed by the *National Firearms Act* (1934, as revised, *Firearm Owner’s Protection Act of 1986* (as revised), *Brady Handgun Violence Prevention Act of 1993* (as revised), the *1994 Omnibus Crime Control Act* and other laws, most states, and some local jurisdictions, have imposed their own firearms restrictions.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_