

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

Applicant

**Application for Return of Seized Weapons
to Lawful Owner**

Application No. _____

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

The police responded to a report of a family offense on ____/____/_____. I was neither a suspect, nor was I arrested, but weapons and/or licenses that I lawfully own were seized pursuant to CPL §140.10(6)(a).

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)(d) 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					
<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