**IN THE \_\_\_\_ JUDICIAL DISTRICT COURT/COUNTY COURT AT LAW FIVE**

**EL PASO COUNTY, TEXAS**

**FOR THE PROTECTION OF: §**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, §**

 **APPLICANT §**

 **§**

**v. § CAUSE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **§**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, §**

 **RESPONDENT §**

**DECLARATION REQUESTING RETURN OF**

**FIREARMS, AMMUNITION, AND/OR LICENSE TO CARRY**

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my date of birth is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I am the legal owner of the following firearms and/or ammunition which I surrendered to the El Paso County Sheriff’s Office pursuant to the protective order in the above-styled matter:

|  |  |  |
| --- | --- | --- |
| **MAKE** | **MODEL** | **SERIAL NUMBER** |
|  |  |  |
|  |  |  |
|  |  |  |

1. I am the legal owner of a license to carry issued under Section 411.177, Government Code which I surrendered to the El Paso County Sheriff’s Office pursuant to the protective order in the above-styled matter.
2. I have not been convicted of any felony nor am I currently under indictment for any felony in Texas or any other state.
3. I have not been convicted of a misdemeanor crime of domestic violence in Texas or any other state.
4. There are no civil protective orders or criminal orders of emergency protection currently in effect against me in Texas or in any other state.
5. To my knowledge, there are no other legal prohibitions against me possessing a firearm.
6. I understand that making false statements in this declaration could result in the filing of criminal charges, civil contempt charges, or both.

**I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.**

Signed in El Paso County, Texas, on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESPONDENT**