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| **STATE OF WISCONSIN, CIRCUIT COURT,**  **COUNTY** |  |
|       Respondent’s Name      Street Address, City, State, Zip Code       | [ ]  Amended**Respondent’s Statement of****Possession of Firearms** |
|       Phone Number | Case No.        |

**Answer the following questions and bring this completed form to the injunction hearing:**

1. Do you now or have you in the past six months owned or possessed any firearm(s)?

*"Firearm" means a weapon that acts by force of gunpowder to fire a projectile, regardless of whether it is inoperable due to disassembly. (§167.31(1)(c), Wis. Stats.)*

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| --- | --- |
| [ ]  | NO. *[If you answered no, please continue to signature line.]* |
|  |  |
| [ ]  | YES. *[If you answered yes, please continue to Question 2.]* |

1. For each firearm you currently own or possess, or within the past six months have owned or possessed, provide the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Firearm**  | **Make/Model** | **Serial** **Number** | **Current Location of Firearm(s)** | **Surrendered or Sold****(No or Yes. If Yes, to whom)** | **Receipt****(No or Yes)** |
| **No** | **Yes** | **To Whom** | **No** | **Yes** |
|       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |
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|       |       |       |       | [ ]  | [ ]  |       | [ ]  | [ ]  |

*[If you need room for additional firearms, attach additional sheet to this form]*

The Respondent is advised that failure to completely and accurately complete this statement may result in felony false swearing, punishable by a fine not to exceed $10,000, or imprisonment not to exceed 6 years, or both.

I have read this document and the facts stated in it are true.

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| --- | --- |
| Distribution:1. Court2. Petitioner3. Respondent4. Law Enforcement5. Other:        | ⯈        Respondent’s Signature       Name Printed or Typed       Date |