

[Extreme Risk Firearm Protection Order Act,  
NMSA 1978, Sections 40-17-1 to -13]

STATE OF NEW MEXICO  
COUNTY OF \_\_\_\_\_  
\_\_\_\_\_ JUDICIAL DISTRICT

IN THE MATTER OF AN EXTREME RISK  
FIREARM PROTECTION ORDER FOR

\_\_\_\_\_ (RESPONDENT)

No. \_\_\_\_\_

**PETITION TO EXTEND ONE-YEAR EXTREME  
RISK FIREARM PROTECTION ORDER**

COMES NOW, the Petitioner, pursuant to the Extreme Risk Firearm Protection Order Act,  
and hereby requests the court extend the One-Year Extreme Risk Firearm Protection Order in this  
case for one (1) additional year, and as grounds alleges that:

**SECTION I. ONE-YEAR EXTREME RISK FIREARM PROTECTION ORDER  
INFORMATION**

1. A One-Year Extreme Risk Firearm Protection Order was entered against the respondent on

\_\_\_\_\_  
*date*

2. The One-Year Extreme Risk Firearm Protection Order expires on \_\_\_\_\_.  
*date*

**SECTION II. PERSON WHO COMPLETED THE AFFIDAVIT OR STATEMENT**

**A. Reporting Party (Affidavit of Reporting Party attached as “Exhibit A”)**

1. Reporting Party’s full name: \_\_\_\_\_

2. Reporting Party’s relationship to Respondent: \_\_\_\_\_



The Reporting Party has completed a Request to Omit the  
Reporting Party’s Contact Information

☐ ADDRESS SEALED

\_\_\_\_\_ *street address*

\_\_\_\_\_ *city*                      \_\_\_\_\_ *state*                      \_\_\_\_\_ *zip*

1. Law enforcement officers full name: \_\_\_\_\_
2. Law enforcement agency name: \_\_\_\_\_
3. Law enforcement officer's agency address: \_\_\_\_\_

\_\_\_\_\_ *street address*

\_\_\_\_\_ *city*                      \_\_\_\_\_ *state*                      \_\_\_\_\_ *zip*

1. Respondent's full legal name: \_\_\_\_\_
2. Respondent's date of birth: \_\_\_\_\_
3. Respondent's address: \_\_\_\_\_

\_\_\_\_\_ *street address*

\_\_\_\_\_ *city*                      \_\_\_\_\_ *state*                      \_\_\_\_\_ *zip*

In support of this petition, the undersigned Law Enforcement Officer swears and affirms that based upon credible information in the attached Exhibit A (*select one option*)

- there is probable cause to believe the Respondent *continues* to pose a significant danger of causing imminent personal injury to self or others by having custody or control of a firearm or by purchasing, possessing or receiving a firearm. The undersigned Law Enforcement Officer has probable cause to believe the following factors, which occurred since the entry of the One-Year Extreme Risk Firearm Protection Order on \_\_\_\_\_, should be
- date*

considered by the court when determining whether to extend the One-Year Extreme Risk Firearm Protection Order:

- ☐ A recent act or threat of violence by the Respondent against self or others, regardless of whether the act or threat involved a firearm;
- ☐ A pattern of acts or threats of violence by the Respondent within the past twelve months, including acts or threats of violence against self or others;
- ☐ The Respondent's mental health history;
- ☐ The Respondent's use of controlled substances or alcohol;
- ☐ The Respondent's previous violations of any court order;
- ☐ Previous extreme risk firearm protection orders issued against the Respondent;
- ☐ The Respondent's criminal history, including arrests and convictions for violent felony offenses, violent misdemeanor offenses, crimes involving domestic violence or stalking;
- ☐ The Respondent's history of the use, attempted use or threatened use of physical violence against another person; of stalking another person; or of cruelty to animals; and
- ☐ Any recent acquisition or attempts at acquisition of a firearm by the Respondent.
- ☐ Other considerations: \_\_\_\_\_

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*day month year*

\_\_\_\_\_  
*Signature of Petitioner*

\_\_\_\_\_  
*Printed Name of Petitioner*

\_\_\_\_\_  
*Law Enforcement Agency*

\_\_\_\_\_  
*Badge/CAID number*

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on \_\_\_\_\_ a copy of this Petition  
*date*

to Extend One-Year Extreme Risk Firearm Protection Order was served on the Respondent by \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_  
*enter service method (U.S. Mail, personal service, etc.)* *street address*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*city* *state* *zip*

Signature of Petitioner

[Approved for use by Supreme Court Order No. S-1-AO-2025-00009.]