

[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. _____

**RESPONDENT'S MOTION TO TERMINATE A ONE-YEAR
EXTREME RISK FIREARM PROTECTION ORDER**

1. I am the Respondent in this case.
2. I currently live at the following address:

street address

_____ *city* _____ *state* _____ *zip*

3. My attorney's name, address, and telephone number are:

If you do not have an attorney, write "none".

4. A One-Year Extreme Risk Firearm Protection Order was entered against me on

date

5. The One-Year Extreme Risk Firearm Protection Order expires on _____.
date

6. I am requesting to terminate the One-Year Extreme Risk Firearm Protection Order for the following reasons: _____

add another page if necessary

Signature of Respondent

Date

Print Name of Respondent

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on _____ a copy of this Request to
date

Terminate a One-Year Extreme Risk Firearm Protection Order was served on

☐ Petitioner by _____ at _____
enter service method (U.S. Mail, personal service, etc.) street address

_____, _____
city state zip

☐ Petitioner's Attorney by _____ at _____
enter service method (U.S. Mail, personal service, etc.) street address

_____, _____
city state zip

Signature of Respondent

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