

EXHIBIT A

AFFIDAVIT IN SUPPORT OF A PETITION FOR AN EXTREME RISK FIREARM PROTECTION ORDER

**1. INFORMATION ABOUT THE PERSON WHO I BELIEVE POSES A SIGNIFICANT
DANGER (RESPONDENT)**

- A. The name of the person who I believe poses a significant danger of causing imminent personal injury to self or others by having custody or control or by purchasing, possessing or receiving a firearm is:

full legal name

- B. Respondent's date of birth: _____

- C. My relationship with this person is (please describe your relationship):

- D. Address of person (Respondent) who I believe poses a significant danger:





street address

city

state

zip

- E. Firearms I believe the Respondent has custody of, controls, owns or possesses:

HANDGUN		LONG GUN	
Pistol	Revolver	Rifle	Shotgun
			
Number _____	Number _____	Number _____	Number _____
Other : (includes any other firearms)			

Number _____			

F. Location(s) of firearms: _____

G. Does the respondent also have ammunition? ☐ Yes ☐ No ☐ Unknown

H. Location(s) of the ammunition: _____

2. INFORMATION ABOUT ME (REPORTING PARTY)

A. My full name: _____

☐ The respondent **does not know my address and I do not** want the respondent to see my address and contact information.



If you do not want the respondent to know your address and contact information, **do not write it on this form**. You must fill out a **Request to Omit Address form** so the court knows how to contact you.

B. My address: _____
street address

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

C. I would like the court to contact me (including receiving notice of court hearings and orders) at:

☐ the address I listed above OR

☐ at the following address:

_____ *street or P.O. Box*

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

3. FACTS I WANT THE COURT TO KNOW *(You may attach additional pages, if needed)*

A. Any recent act or threat of violence by the respondent against self or others, regardless of whether the act or threat involved a firearm. *Please describe:* _____

B. 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. *Please describe:*

C. The respondent's mental health history. *Please describe:* _____

D. The respondent's abuse of ☐ controlled substances and/or ☐ alcohol. *Please describe:*

E. The respondent's previous violations of any court order. *Please describe:*

F. Previous extreme risk firearm protection orders issued against the respondent.

Date of Order: _____ *Issued by:* _____

G. The respondent's criminal history, including:

arrests and convictions for violent felony offenses. *Please describe:*

arrests and convictions for violent misdemeanor offenses. *Please describe:*

arrests and convictions for crimes involving domestic violence or stalking. *Please describe:* _____

H. 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. *Please describe:*

I. Any recent acquisition or attempts at acquisition of a firearm by the respondent. *Please describe:* _____

J. In addition, I would like the Court to also consider the following:

4. LEGAL ACTION(S) BETWEEN THE RESPONDENT AND ME

The following are legal actions between the Respondent and me. *(You may attach additional pages, if needed)*

☐ Lawsuit. *Please describe:* _____

☐ Complaint. *Please describe:* _____

☐ Petition. *Please describe:* _____

☐ Restraining Order. *Date Issued:* _____ *Issued by:* _____

☐ Injunction. *Please describe:* _____

☐ Other Legal Action. *Please describe:* _____

☐ None.

5. AFFIDAVIT OF REPORTING PARTY

I, _____, hereby swear or affirm that I believe
Reporting Party's Name

_____, poses a significant danger of causing
Respondent's Name

imminent personal injury to self or others by having custody or control or by purchasing, possessing or receiving a firearm for the reasons sworn to in this Affidavit.

Signature

Printed Name

Additional pages are attached to this Affidavit? ☐ YES ☐ NO

State of New Mexico
County of _____

SIGNED AND SWORN to before me on _____
date
by _____.
name of person making sworn statement

{Notary Seal}

Signature of notarial officer

My Commission Expires:_____

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