

## EXHIBIT A

### LAW ENFORCEMENT STATEMENT 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. Address of the 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:**

Type of Firearm	Number	Location	Ammunition
<input type="checkbox"/> Long gun ( <i>includes rifles and shotguns</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Handgun ( <i>includes revolvers and pistols</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Other ( <i>includes any other firearms</i> ):			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

**TOTAL NUMBER OF RESPONDENT'S FIREARMS:** \_\_\_\_\_

**2. INFORMATION ABOUT LAW ENFORCEMENT OFFICER COMPLETING  
STATEMENT**

- A. Employed by the following type of agency:

- ☐ Police Department  
☐ Sheriff's Office  
☐ State Police

- ☐ District Attorney's Office  
☐ Attorney General's Office

B. Full name: \_\_\_\_\_

C. Badge/CAID Number \_\_\_\_\_

D. Law Enforcement Agency you work for: \_\_\_\_\_

E. Law Enforcement Agency address:

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

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

F. Law Enforcement Agency's telephone number: \_\_\_\_\_

**3. Description of circumstances under which I collected credible information that gave rise to the petition:** *(You may attach additional pages, if needed)*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**4. Statement of 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 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:

---

---

---

---

**5. AFFIDAVIT OF LAW ENFORCEMENT OFFICER**

I, \_\_\_\_\_, hereby swear or affirm that  
*Law Enforcement Officer's Name*

I believe \_\_\_\_\_, poses a significant danger of  
*Respondent's Name*

causing 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 Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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

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