**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)***
2. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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.

1. 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 Address

City, State & Zip

1. **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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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 for the reasons sworn to in this Statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of notarial officer*

{Notary Seal}

My Commission Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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