**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)***
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.** Address of the person (Respondent) who I believe poses a significant danger:

Street Address

City, State & Zip

**D. Firearms I believe the Respondent has custody of, controls, owns or possesses:**

Type of Firearm Number Location Ammunition

|  |  |  |  |
| --- | --- | --- | --- |
| Long gun (*includes rifles and shotguns)* | \_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown |
| Handgun (*includes revolvers and pistols)* | \_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown |
| Other (*includes any other firearms):*  \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | Yes  No  Unknown |

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

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

1. Employed by the following type of agency:

Police Department  District Attorney’s Office

Sheriff’s Office  Attorney General’s Office

State Police

1. Full name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Badge/CAID Number **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. Law Enforcement Agency you work for: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. Law Enforcement Agency address:

Street Address

City, State & Zip

1. Law Enforcement Agency’s telephone number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **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 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**

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