

4-1001. Affidavit in support of a petition for an extreme risk firearm Protection order.

[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)
_____ (Respondent's full date of birth)

No. _____

**AFFIDAVIT IN SUPPORT OF A PETITION FOR AN
EXTREME RISK FIREARM PROTECTION ORDER (EXHIBIT A)**

***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	
<input type="checkbox"/> Pistol	<input type="checkbox"/> Revolver	<input type="checkbox"/> Rifle	<input type="checkbox"/> 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 or P.O. Box

_____ *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 (12) 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:* _____

