

| | |
|---|---|
| <p>In the Matter of,</p> <p>_____, Respondent</p> <p>SBI Number _____</p> <p>Date of Birth _____</p> | <p><input type="checkbox"/> Superior Court of New Jersey</p> <p><input type="checkbox"/> Municipal Court of _____</p> <p>County _____</p> <p>Petition Number _____</p> <p>Complaint/Ind Number _____</p> <p style="text-align: center;">Petition for Temporary Extreme Risk Protective Order</p> |
|---|---|

I am the Petitioner named below. I believe Respondent poses an immediate and present danger of causing bodily injury to the Petitioner, the Respondent, or others by owning, possessing, purchasing or receiving firearms and/or ammunition. I ask the court to grant a Temporary Extreme Risk Protective Order to prohibit Respondent from owning, possessing, or acquiring firearms and/or ammunition, and to order surrender of firearms and/or ammunition to a law enforcement agency.

Petitioner's Information

| | | | | |
|-------------------|-------------------|----------------------------|--|-----|
| Name | | Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Street Address | | City | State | Zip |
| Home Phone Number | Work Phone Number | Relationship to Respondent | | |

Respondent's Information (to the extent the information is known)

| | | | | | | | | |
|---|-------------------|-------------------------|----------------|-------------|--|-----------------|--|--|
| First Name | | MI | Last Name | | Date of Birth | SSN | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Street Address | | | City | | State | Zip | | |
| Home Phone Number | Work Phone Number | | E-mail Address | | | | | |
| Aliases | | | | | | | | |
| Employer's Name | | | | | | | | |
| Employer's Address | | | | City | | State | Zip | |
| Height ft in | Weight | Hair Color | Eye Color | Race/Ethnic | Distinguishing Features (Scars, facial hair, etc.) | | | |
| Military Status <input type="checkbox"/> Yes <input type="checkbox"/> No | | Driver's License Number | | | State | Expiration Date | | |

I believe Respondent poses an immediate and present danger of causing bodily injury to self or others by owning, possessing, purchasing or receiving firearms and/or ammunition because Respondent:

- has any history of threats or acts of violence directed towards self or others. Explain.

- has any history of use, attempted use, or threatened use of physical force against another person. Explain.

- is the subject of a temporary or final restraining order or has violated a temporary or final restraining order issued pursuant to the "Prevention of Domestic Violence Act of 1991," P.L.1991, c.261 (C.2C:25-17 *et. seq.*). Explain.

- is the subject of a temporary or final protective order or has violated a temporary or final protective order issued pursuant to the "Sexual Assault Survivor Protection Act of 2015," P.L.2015, c.147 (C.2C:14-13 *et al.*). Explain.

- has any prior arrests, pending charges, or convictions for a violent indictable crime or disorderly persons offense, stalking offense pursuant to section 1 of P.L.1992, c.209 (C.2C:12-10), or domestic violence offense enumerated in section 3 of P.L.1991, c.261 (C.2C:25-19). Explain.

has any prior arrests, pending charges or convictions for any offense involving cruelty to animals or any history of acts involving cruelty to animals. Explain.

has any history of drug or alcohol abuse and recovery from this abuse. Explain.

has recently acquired a firearm, ammunition or other deadly weapon. Explain.

has recklessly used, displayed, or brandished a firearm. Explain.

has an existing or previous extreme risk protective order issued against him or her. Explain.

has previously violated an extreme risk protective order issued against him or her. Explain.

The Respondent currently possesses the following firearm(s) and/or ammunition

| Type | Description | Number | Location |
|------|-------------|--------|----------|
|------|-------------|--------|----------|

| | | | |
|---------|-------|-------|-------|
| Handgun | _____ | _____ | _____ |
|---------|-------|-------|-------|

| | | | |
|---------|-------|-------|-------|
| Shotgun | _____ | _____ | _____ |
|---------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| Rifle | _____ | _____ | _____ |
|-------|-------|-------|-------|

| | | | |
|-----------------|-------|-------|-------|
| Assault Firearm | _____ | _____ | _____ |
|-----------------|-------|-------|-------|

| | | | |
|------------|-------|-------|-------|
| Ammunition | _____ | _____ | _____ |
|------------|-------|-------|-------|

| | | | |
|-------|-------|-------|-------|
| Other | _____ | _____ | _____ |
|-------|-------|-------|-------|

Does the Respondent possess a:

a. Firearms Purchaser ID Card?

Yes No Unknown

b. Permit to Purchase a Handgun?

Yes No Unknown

c. Permit to Carry a Handgun?

Yes No Unknown

Certification

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of Petitioner

I was assisted in the completion of this petition by _____.

Date

Signature