




# Firearms Identification Form

Client & Offender Information
Client Name: _____
Offender's Name: _____
OP and/or DV criminal case number(s): _____
Offender forbidden from having firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>• If yes, state reason: _____</li> </ul>

Basic Firearm(s) Information:
Total Number of Firearms in Possession: _____
Access to Firearms outside of Possession: _____
Have they recently started purchasing more firearms, ammunition, etc.? _____
<input type="checkbox"/> Photos of Firearm(s) and Defendant/Respondent <ul style="list-style-type: none"> <li>• Photos of Firearm(s) Located: (i.e. social media) _____</li> </ul>
<input type="checkbox"/> Respondent/Defendant has valid handgun carry permit

Firearm	Quantity	Make/Model	Serial Number	ADDRESS & Location of Firearm at Address
Ammunition	Quantity	Type	Caliber	ADDRESS & Location of Firearm at Address

Other Materials (Silencer, Bump Stock, Magazine)	Quantity	Type	ADDRESS & Location of Firearm at Address

<b>Handguns/Pistols:</b>	
<p data-bbox="532 604 833 640"><b>Semi auto glock pistol</b></p> 	<p data-bbox="857 615 1528 653"><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p data-bbox="857 682 1498 716">Quantity: _____</p> <p data-bbox="857 737 1498 770">Make/Model: _____</p> <p data-bbox="857 791 1498 825">Caliber: _____</p> <p data-bbox="857 846 1498 879">Location: _____</p> <p data-bbox="857 900 1498 934">Location of Ammo: _____</p>
<p data-bbox="706 1066 833 1102"><b>Revolver</b></p> 	<p data-bbox="857 1077 1528 1115"><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p data-bbox="857 1144 1498 1178">Quantity: _____</p> <p data-bbox="857 1199 1498 1232">Make/Model: _____</p> <p data-bbox="857 1253 1498 1287">Caliber: _____</p> <p data-bbox="857 1308 1498 1341">Location: _____</p> <p data-bbox="857 1362 1498 1396">Location of Ammo: _____</p>
<p data-bbox="581 1455 833 1491"><b>CZ USA 85 Combat</b></p> 	<p data-bbox="857 1465 1528 1503"><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p data-bbox="857 1533 1498 1566">Quantity: _____</p> <p data-bbox="857 1587 1498 1621">Make/Model: _____</p> <p data-bbox="857 1642 1498 1675">Caliber: _____</p> <p data-bbox="857 1696 1498 1730">Location: _____</p> <p data-bbox="857 1751 1498 1785">Location of Ammo: _____</p>



**Bushmaster Pistol**

Respondent/Defendant owns similar firearm

Quantity: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Caliber: \_\_\_\_\_

Location: \_\_\_\_\_

Location of Ammo: \_\_\_\_\_

**Assault Rifles:**



**AR 15**

Respondent/Defendant owns similar firearm

Quantity: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Caliber: \_\_\_\_\_

Location: \_\_\_\_\_

Location of Ammo: \_\_\_\_\_



**AK 47**

Respondent/Defendant owns similar firearm

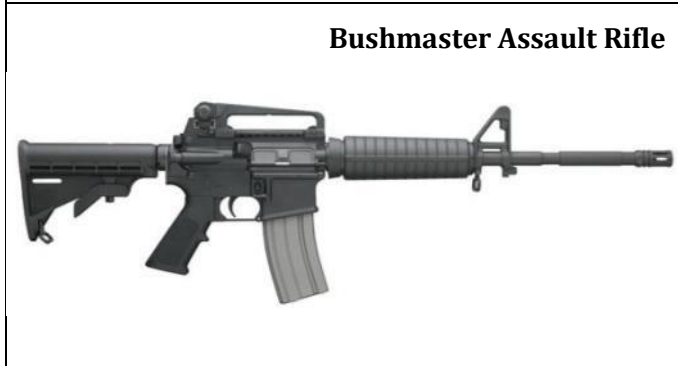
Quantity: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Caliber: \_\_\_\_\_

Location: \_\_\_\_\_

Location of Ammo: \_\_\_\_\_



**Bushmaster Assault Rifle**

Respondent/Defendant owns similar firearm

Quantity: \_\_\_\_\_




Make/Model: \_\_\_\_\_

Caliber: \_\_\_\_\_


Location: \_\_\_\_\_

Location of Ammo: \_\_\_\_\_


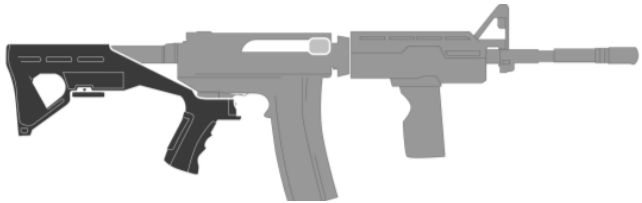

## Shotgun:

 <p>Franchi Law</p>	<p><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>
 <p>Franchi SPAS 12</p>	<p><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>
 <p>Remington 11-87</p>	<p><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>

## Rifles:

 <p>Hunting/recreational rifle</p>	<p><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>
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<p><b>Muzzle loader</b></p> 	<p><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>
<p><b>Lever Action Rifle</b></p> 	<p><input type="checkbox"/> Respondent/Defendant owns similar firearm</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>

<b>Other Gear:</b>	
<p><b>CLIP</b>      <b>MAGAZINE</b></p>  <p><b>Extended Capacity Magazine or Clips</b></p>	<p><input type="checkbox"/> Respondent/Defendant owns similar item</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>
<p><b>Bump Stock</b></p> 	<p><input type="checkbox"/> Respondent/Defendant owns similar item</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>
<p><b>Silencer</b></p> 	<p><input type="checkbox"/> Respondent/Defendant owns similar item</p> <p>Quantity: _____</p> <p>Make/Model: _____</p> <p>Caliber: _____</p> <p>Location: _____</p> <p>Location of Ammo: _____</p>

