

# FIREARMS NOTICE

An Order of Protection has been ordered against you. In the Order of Protection, the Court found that you possess firearms.

- **You must complete the attached “*Firearms Declaration*” form within forty-eight (48) hours of the issuance of this *Order*.**
- **The *Declaration* must be submitted to the Clerk’s Office the next business day after dispossession of the firearms.**
- The Clerk’s Office is located at:  
General Sessions Clerk’s Office—Civil Division  
408 Second Avenue, North  
Suite 2110  
Nashville, TN 37201

For complete information regarding the “*Firearms Orders*” and other orders of the Court, please refer to the Order of Protection.

If you have any questions regarding the *Declaration*, please contact our office at 615-862-5195.

# Firearms Declaration (T.C.A. §36-3-625 – Order of Protection)

Case # (the Clerk fills this in):

## IN THE GENERAL SESSIONS COURT OF DAVIDSON COUNTY, TENNESSEE

### Petitioner (person needing protection)

If Petitioner is under 18, insert child's name if filed on behalf of an unemancipated person (someone under 18 years of age), pursuant to T.C.A. §36-3-602. This Request is being made by \_\_\_\_\_ who is ☐ child's parent, or ☐ legal guardian, or ☐ a caseworker.

First

Middle

Last

### Petitioner's Child(ren) Under 18 Protected by this Order:

Name

DOB

Relationship to  
Respondent

Name

DOB

Relationship to  
Respondent

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### Respondent's Information:

First

Middle

Last

Date of Birth (MM/DD/YYYY)

Street Address

City

State

Zip

Respondent's Employer: \_\_\_\_\_

Employer's Name

Employer's Phone #

### Describe Respondent:

Sex	Race	Hair	Eyes	Height – Weight – SSN – Other	
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Brown	Height	
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> Gray	<input type="checkbox"/> Hazel	Weight	
	<input type="checkbox"/> Black	<input type="checkbox"/> Blond	<input type="checkbox"/> Blue	Social Security #	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Bald	<input type="checkbox"/> Green	Scars/Special Features	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Gray	Phone Number	
		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

**To the Respondent:** Pursuant to T.C.A. §36-3-625, you shall dispossess (no longer have in your possession) all firearms within forty-eight (48) hours of the issuance of the Order of Protection.

Fill out this form and file it with the Court Clerk within the time frame the Court has ordered you to do so, or **within 1 business day** of surrendering your firearms.

### ① Start and End Dates of the Order of Protection

The Respondent was given reasonable notice of the hearing and an opportunity to be heard. The Respondent understands that s/he must not own or have any firearms while this Order is in effect.

This Order starts (date): \_\_\_\_\_ This Order ends (date): \_\_\_\_\_

### ② Firearms Disposal (Respondent must read and fill out below):

I understand I may not own or have firearms while this Protective Order is in effect (check one box below):

- ☐ I **do not** own or possess firearms (*skip to signature line on page 2*)  
☐ I own or possess firearms (*continue filling out the rest of the form*)

Because I own or possess firearms, in order to obey this Order, I did the following on (date) \_\_\_\_\_ at (time): \_\_\_\_\_ ☐ a.m. ☐ p.m. (check all that apply):

- ☐ I gave the firearm(s) to an adult who is legally allowed to keep them.

Name [printed]: \_\_\_\_\_

Physical Address [where firearm(s) located]: \_\_\_\_\_

- ☐ I have a National Firearms Act weapon.
  - ☐ I had the firearm(s) locked up in a safe or other container that I cannot access.
- ☐ I have a Federal Firearms License (FFL) or am a responsible party under an FFL, and (*you must check one*):
  - ☐ I transferred my firearms inventory to a responsible third party who is listed on my FFL.
  - ☐ I am the only responsible party listed on my license, and I transferred my firearms inventory to a separate FFL holder.

③ I dispossessed myself of the following specific firearms:

Firearm Make	Model	Caliber	Serial #

I declare under penalty of perjury, under the laws of the State of Tennessee, that the above statements are true and correct.

Defendant signs here in front of Notary/Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary/Clerk fills out below—**

Sworn to and subscribed before me, the undersigned authority,

By (Print name of Notary): \_\_\_\_\_

On this date: \_\_\_\_\_

(Notary's seal here)



Notary signs here

Date Notary's Commission Expires