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	
☐ Male ☐ Female	☐ White ☐ Asian ☐ Black ☐ Hispanic ☐ Other: _____	☐ Black ☐ Gray ☐ Blond ☐ Bald ☐ Other: ____	☐ Brown ☐ Hazel ☐ Blue ☐ Green ☐ Gray ☐ Other: ____	Height	
				Weight	
				Social Security #	
				Scars/Special Features	
				Phone Number	

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 firearms(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.

Respondent/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

THE PERSON TO WHOM THE FIREARMS ARE BEING TRANSFERRED: By accepting transfer of Respondent's firearms, you must acknowledge and agree as follows:

☐ You are over the age of eighteen (18) years and legally allowed to have firearms in your possession.

☐ You acknowledge that an Order of Protection has been entered against Respondent and that he/she shall not possess firearms while the Order is in effect; and you agree to accept transfer of said firearms.

☐ You agree not to allow Respondent to take possession of his/her firearms prior to the expiration of this Order of Protection.

Affiant: Sign here in front of Notary/Clerk: _____

Date: _____

Notary/Clerk fills out below:

Sworn and subscribed before me this _____ day of _____, 20___.

_____ _____

Notary Public or Clerk/Deputy Clerk My Term Expires