

Meridian Police Department
1401 E. Watertower Street
Meridian, Idaho 83642

DR # : _____

CASE #: _____

IN THE MATTER OF THE)
RETURN OF WEAPONS)
SEIZED OR OBTAINED BY THE)
MERIDIAN POLICE DEPARTMENT)

STATE OF IDAHO)
 : ss.
COUNTY OF ADA)

COMES NOW _____ (your name), who after first
being duly sworn, affirms, swears under oath, and says:

1. That my true legal name is _____.
2. I have previously used the name(s) of:

(if none, write N/A)
3. That my true date of birth is _____. (month, day, year)
4. That my true Social Security Number is _____.
5. That my place of birth is in the city of _____, in the state of _____, in the country of _____.
6. That my driver's license/identification card number is _____ in the state of _____.
7. That I currently live in the state of: _____.
8. That I have previously lived in the state(s) of:

(if none, write N/A)

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9. That the Meridian Police Department has possession of the following firearms, ammunition, and firearm accessories described as:

10. That (select one) I am _____ / I am not _____ the owner of the weapon(s) described in #9 above. (If you are not the owner of the weapons, write "N/A" in #11 below and go to #12.)

11. That I purchased the weapon(s) described in #9 on _____ (date)
from _____. (name of person or business)

12. That I have personal knowledge that the owner of the weapon(s) described in #9 is:

(list who owns the weapons if they're not yours; if the weapons belong to you write "N/A")

13. That I (select one) can _____ / cannot _____ provide documentation as to proof of ownership of the weapon(s) described in #9.

14. That I have never been convicted of or received a withheld judgment for a crime punishable by imprisonment for a term exceeding one year, whether or not a sentence has been imposed.

15. That I am not currently charged with or under indictment or information in ANY court for a crime punishable by imprisonment for a term exceeding one year, whether or not sentence has been imposed.

16. That I am not a fugitive from justice.

17. That I do not have any outstanding warrants for my arrest in any state or in any foreign nation.

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18. That I am not an unlawful user of or addicted to any controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. §802).
19. That I have not been convicted of Possession of a Controlled Substance (felony or misdemeanor) within the last year.
20. That I have not been convicted of Possession of Drug Paraphernalia within the last year.
21. That I have not been convicted of Driving While Under the Influence of Drugs (prescription or illegal) within the last year.
22. That I am not currently suffering from any mental illness, have not been adjudicated as a mental defective, and have never been committed to a mental institution.
23. That I am not present in the United States illegally or unlawfully, nor do I meet any of the prohibiting factors under 21 U.S.C. §922 pertaining to nonimmigrant visas.
24. That I have not been discharged from the Armed Forces of the United States under dishonorable conditions.
25. That I do not have a current Domestic Violence Restraining Order or civil Protection Order entered against me in any state.
26. That I have never been convicted of a violence-related offense that would make it unlawful for me to possess a firearm under Federal or Idaho state law.
27. That I have no current Orders from any judge in any state prohibiting me from possessing a firearm.
28. That I am otherwise legally permitted to possess a firearm under both Federal and Idaho state law.
29. That I understand any false statements made in this Affidavit would constitute perjury, a felony punishable by imprisonment in the Idaho State correctional institution for not less than one (1) year and not more than fourteen (14) years.
30. That I have read and responded to each of the above statements, which are made by me, and which are COMPLETE, ACCURATE, AND TRUE to the best of my knowledge.

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FURTHER YOUR AFFIANT SAYETH NAUGHT

DATED this _____ day of _____, 20____

Your signature (in front of notary)

Your printed name

Address

City, State, Zip

Phone number (with area code)

NOTARY

STATE OF _____)

: ss.

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

In witness thereof, I have set my hand and affixed my official seal.

(SEAL)

Notary Public for _____(State)

Residing at _____(City, State)

My commission expires: _____