



**PETITION/MOTION FOR REMOVAL
OF FIREARM PROHIBITIONS**

Case No. _____
Court _____
County _____
Division _____

IN RE RESPONDENT/DEFENDANT: _____
Please Print

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First Middle Last

IN CASE NO. _____ COUNTY: _____ COURT: DISTRICT CIRCUIT

1. I am also known as: _____
2. My street address is: _____
3. My mailing address is: _____
4. My phone number is: () _____
5. My identifiers are:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

6. On (date) _____, 2____, this Court issued a Notice of Firearm Prohibitions notifying me that this Court's order of commitment, finding, and/or adjudication in the above-referenced case subjected me to the firearm prohibitions of 18 U.S.C. § 922(g)(4)and (d)(4).
7. I am requesting that this Court remove the firearm prohibitions and schedule a hearing in this matter, which I understand will be a closed proceeding in accordance with KRS 237.108(2).
8. I have not filed a Petition for Removal of Firearm Prohibitions within the past two (2) years.
9. I understand that, in accordance with KRS 237.108(2), I must offer the following evidence when I come to Court:
 - (a) The circumstances of the original commitment, finding, and/or adjudication;
 - (b) My mental health records and my criminal history records, if any. (It is my responsibility to provide these records.)
 - (c) My reputation; and
 - (d) Changes in my condition or circumstances that are relevant to my request for removal of the firearm prohibitions.
10. I would like to have the firearm prohibitions removed because _____

(If additional space is needed, please attach separate sheet of paper.)

11. I am not likely to act in a manner dangerous to public safety.

I ask that this Petition/Motion for Removal of Firearm Prohibitions be granted.

NOTE: Sign this Petition in the presence of either the Circuit Court Clerk or a Notary Public.

_____, 2_____
Date Signature of Petitioner

Subscribed and sworn to before me by _____ this ____ day of _____, 2____.

Clerk/Notary Public Title

(If Notary Public): My Commission expires: _____

NOTIFICATION OF HEARING
(to be completed by Circuit Court Clerk)

This Petition/Motion is set for a CLOSED hearing on _____, 2____,

at the hour of _____ a.m. p.m. at the _____ District Circuit Court.

Date _____, 2____ Clerk

By: _____ D.C.

Original: Court File

Copies To: Respondent/Defendant

County Attorney

Commonwealth Attorney (if applicable)

Director of the Division of Behavioral Health, Cabinet for Health and Family Services,
275 East Main Street 4W-G, Frankfort, Kentucky 40621-0001