

Amended

Respondent's Name \_\_\_\_\_

**Respondent's Statement of Possession of Firearms**

Case No. \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS AND BRING THIS COMPLETED FORM TO THE INJUNCTION HEARING:**

1. Do you now or have you in the past six months owned or possessed any firearm(s)?  
*"Firearm" means a weapon that acts by force of gunpowder to fire a projectile, regardless of whether it is inoperable due to disassembly. (§167.31(1)(c), Wis. Stats.)*

NO. *[If you answered no, please continue to signature line.]*

YES. *[If you answered yes, please continue to Question 2.]*

2. For each firearm you currently own or possess, or within the past six months have owned or possessed, provide the following information:

Type of Firearm	Make/Model	Serial Number	Current Location of Firearm(s)	Surrendered or Sold (No or Yes. If Yes, to whom)			Receipt (No or Yes)	
				No	Yes	To Whom	No	Yes
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*[If you need room for additional firearms, attach additional sheet to this form.]*

The Respondent is advised that failure to completely and accurately complete this statement may result in felony false swearing, punishable by a fine not to exceed \$10,000, or imprisonment not to exceed 6 years, or both.

I have read this document and the facts stated in it are true.

\_\_\_\_\_  
 Respondent's Signature

\_\_\_\_\_  
 Name Printed or Typed

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Email Address Telephone Number

\_\_\_\_\_  
 Date State Bar No. (if any)

**DISTRIBUTION:**

1. Court
2. Petitioner
3. Respondent
4. Law Enforcement
5. Other: \_\_\_\_\_