

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT IN
AND FOR DUVAL COUNTY, FLORIDA

IN RE: _____

CASE #: _____

DIVISION: _____

PETITION FOR RELIEF FROM FIREARM DISABILITIES IMPOSED BY THE COURT

1. THIS MATTER is presented to the Court on _____ (date) by Petitioner,
_____, on a Petition for Relief from Firearm Disabilities
Imposed by the Court on _____.

2. The Petitioner was:

- ☐ Ordered to Involuntary Substance Abuse Assessment and Stabilization (s. 397.6818, F.S.)
- ☐ Ordered to Involuntary Substance Abuse Treatment (s. 397.6957, F.S.) on _____
- ☐ Ordered to Involuntary Inpatient Placement (s. 394.467, F.S.) on _____
- ☐ Ordered to Involuntary Outpatient Placement (s. 394.4655, F.S.) on _____
- ☐ Found by Court to be of Imminent Danger but permitted by physician to transfer to voluntary status in lieu of involuntary placement order above (s. 790.065, F.S.) on _____
- ☐ Adjudicated incapacitated (s. 744.331, F.S.) or any similar law of any other state on _____
- ☐ Acquitted of criminal charge by reason of insanity (s. 916.15, F.S.) on _____
- ☐ Found by Court to be not competent to stand trial in criminal case (s. 916.12, F.S.) on _____
- ☐ Other _____, on _____.

3. The Petitioner will not be likely to act in a manner that is dangerous to public safety and granting the relief requested would not be contrary to the public interest for the following reasons:

4. Based upon these facts, THE FOLLOWING IS REQUESTED:

- A. That, pursuant to s. 790.065, F.S., the Court shall grant the relief requested in the Petition if the Court finds, based on the evidence presented with respect to the Petitioner's reputation, the Petitioner's mental health record and, if applicable, criminal history record, the circumstances surrounding the firearm disability, and any other evidence in the record, that the Petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest.
- B. The firearm disability imposed, dated _____, be set aside and of no further force and effect.

- C. That, pursuant to s. 790.065, F.S., the Florida Department of Law Enforcement shall delete the mental health record, which was the basis for the firearm disability, imposed on (date) _____, from the automated database of persons who are prohibited from purchasing a firearm based on court records.

5. Under penalties of perjury, I declare that I have read the foregoing Petition for Relief from the Firearm Disabilities Imposed by the Court and that the facts stated in it are true.

Signature of Petitioner: _____

Printed Name of Petitioner: _____

Date of Birth: _____

Mailing Address: _____

City, State and Zip: _____

Race: _____

Gender: _____

Social Security Number: _____

Name and Address of Attorney for Petitioner (if any):

I HEREBY CERTIFY that a copy of the foregoing instrument was mailed via US mail to:

The Office of the State Attorney for the Fourth Judicial Circuit
311 West Monroe Street
Jacksonville, FL 32202

on the _____ day of _____, 20_____, in Jacksonville, Duval County, Florida

Petitioner's signature

Date