STATE OF VERMONT

SUPERIOR COURT **FAMILY DIVISION**
Unit **Docket No.**

Plaintiff Name	DOB	v.	Defendant Name	DOB

AFFIDAVIT UPON RECEIPT OF FIREARMS

Subject to the penalties for perjury, I state the following facts to be true to the best of my knowledge and belief.
Please remember to be specific:

1. I have received the following firearms, ammunition and/or weapons belonging to:

   _____
   Defendant's Name

   (list all of the firearms, ammunition and/or other weapons that you have received with a specific description of each.)

2. I will be responsible for the secure storage of these firearms, ammunition and/or other weapons and I will not allow the defendant **to obtain possession of them without a court order**.

3 I will store all of the above described firearms, ammunition and/or weapons in a secure manner as follows: (*describe specifically the arrangements you have made for the storage of the weapons.)*

4. I am not prohibited from owning or possessing firearms by either State or Federal law.

5. I understand the obligations and requirements of the Relief from Abuse Order issued in this case. I specifically understand that I may personally be subject to civil contempt proceedings if:
   a. I violate the terms of the commitments I have made in this affidavit;
   b. I permit the Defendant to possess, access or use the firearms, ammunition and/or other weapons that the Court has ordered me to securely store; or
   c. I permit any unauthorized person to possess, access or use the firearms, ammunition and/or other weapons that the Court has ordered me to securely store.

I hereby swear or affirm that the information above is true to the best of my knowledge and belief.

	Signature	*Date*
	Printed Name	
	Street Address	
	City/Town/State and Zip Code	

Signed and sworn before me:

Date	*Signature of Notary Public*	*Expiration Date*

WARNING

MAKING FALSE STATEMENTS IN THIS AFFIDAVIT IS A CRIME SUBJECT TO A TERM OF IMPRISONMENT OR A FINE, OR BOTH AS PROVIDED BY 13 V.S.A. §2904.