

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. _____

Plaintiff	DOB	Defendant	DOB
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MOTION and AFFIDAVIT TO MODIFY RELIEF FROM ABUSE ORDER TO PERMIT THIRD PARTY TO HOLD FIREARMS

I am the Defendant in this case. I request that:

Name: _____

Street Address: _____

City/State/Zip: _____

Mailing Address (if different from Street Address): _____

City/State/Zip: _____ Email Address: _____

Daytime Phone: _____ Evening Phone: _____

be permitted to hold my firearms while a Relief From Abuse Order is in effect against me. The third party has executed an Affidavit Requesting to Hold Firearms and it is attached to this motion.

My reasons for the request are as follows:

I AM NOT represented by an attorney.

I AM represented by an attorney. My attorney's name, address and phone number are:

Attorney Information:

Name: _____ Phone: _____

Address: _____

Date

Defendant Signature

Defendant Printed Name

NOTICE

This Motion to Modify will be served on the Plaintiff. If the Court sets your request for a hearing, Plaintiff may appear but is not required to attend. It is your responsibility to prove that allowing the third party to hold firearms will adequately protect the safety of the Plaintiff and/or other protected parties.

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 declare that the above statement is true and accurate to the best of my knowledge and belief. I understand that if the above statement is false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date

Signature

Printed Name

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.