

EXHIBIT A

AFFIDAVIT IN SUPPORT OF A PETITION FOR AN
EXTREME RISK FIREARM PROTECTION ORDER

1. **INFORMATION ABOUT THE PERSON WHO I BELIEVE POSES A SIGNIFICANT DANGER (RESPONDENT)**

A. The name of the person who I believe poses a significant danger of causing imminent personal injury to self or others by having custody or control or by purchasing, possessing or receiving a firearm is: {full legal name}

B. My relationship to this person is (please select one):

- spouse former spouse
- parent present or former step-parent present or former parent-in-law
- grandparent grandparent-in-law
- co-parent of a child
- person whom I have had a continuing personal relationship

Describe relationship: _____

- employer
- school administrator

C. Address of person who I believe poses a significant danger (Respondent):

street address

city

state

zip code

D. Firearms I believe the Respondent has custody of, controls, owns or possesses:

Type of Firearm	Number	Location	Ammunition
<input type="checkbox"/> Long gun (includes rifles and shotguns)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Short gun (includes revolvers and pistols)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL NUMBER OF RESPONDENT'S FIREARMS: _____

2. INFORMATION ABOUT ME (REPORTING PARTY)

A. My full name: _____

B. My address: _____

street address

_____ *city*

_____ *state*

_____ *zip code*

I DO NOT WANT THE RESPONDENT TO KNOW MY ADDRESS NOW OR AFTER THE HEARING FOR A ONE-YEAR EXTREME RISK FIREARM PROTECTION ORDER. I REQUEST THE COURT SEAL MY ADDRESS.

3. FACTS I WANT THE COURT TO KNOW *(You may attach additional pages, if needed)*

A. Any recent act or threat of violence by the respondent against self or others, regardless of whether the act or threat involved a firearm. *Please describe:* _____

B. A pattern of acts or threats of violence by the respondent within the past twelve months, including acts or threats of violence against self or others. *Please describe:*

C. The respondent's mental health history. *Please describe:* _____

D. The respondent's abuse of controlled substances or alcohol. *Please describe:*

E. The respondent's previous violations of any court order. *Please describe:*

F. Previous extreme risk firearm protection orders issued against the respondent.

Date of Order: _____ *Issued by:* _____

G. The respondent's criminal history, including:

arrests and convictions for violent felony offenses. *Please describe:*

arrests and convictions for violent misdemeanor offenses. *Please describe:*

arrests and convictions for crimes involving domestic violence or stalking. *Please describe:* _____

H. The respondent's history of the use, attempted use or threatened use of physical violence against another person; of stalking another person; or of cruelty to animals. *Please describe:* _____

I. Any recent acquisition or attempts at acquisition of a firearm by the respondent.

Please describe: _____

J. In addition, I would like the Court to also consider the following:

4. LEGAL ACTION(S) BETWEEN THE RESPONDENT AND ME

The following are legal actions between the Respondent and me. *(You may attach additional pages, if needed)*

- Lawsuit. *Please describe:* _____
- Complaint. *Please describe:* _____
- Petition. *Please describe:* _____
- Restraining Order. *Date Issued:* _____ *Issued by:* _____
- Injunction. *Please describe:* _____
- Other Legal Action. *Please describe:* _____
- _____
- None.

5. AFFIDAVIT OF REPORTING PARTY

I, {Reporting Party's Name} _____, hereby swear or affirm that I believe {Respondent's Name} _____, poses a significant danger of causing imminent personal injury to self or others by having custody or control or by purchasing, possessing or receiving a firearm for the reasons sworn to in this Affidavit.

Signature

Printed Name

➔ Additional pages are attached to this Affidavit? YES NO

State of New Mexico
County of _____

SIGNED AND SWORN to before me on _____
date

by _____
name of person making sworn statement

Signature of notarial officer

{Notary Seal}

My Commission Expires: _____