F COUNTY, WEST VIRGINIA
Magistrate Court Case No.
Magistrate Court Case No.
Circuit Court Civil Action No.
This Petition must be filed with the Court that entered the last Personal Safety Order in the case.
OR FIREARMS RETURN
§ 53-8-5(F); § 53-8-7(F)
, requests the return of firearms and
e Personal Safety Order entered on the day of
(Magistrate / Circuit)
ent states that the Personal Safety Order entered above
, 20, OR \square is still in effect,
st possessing firearms or ammunition. The respondent is not
ammunition, based upon any of the following federal or state
crime punishable by imprisonment for a term exceeding one
, any controlled substance;
ective or been committed to a mental institution;
the United States;
forces under dishonorable conditions;
United States;

9. I am not subject to a Domestic Violence Protective Order issued by this state or any other state; or

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10. I have not been convicted of a misdemeanor offense of assault or battery under the provisions of *West Virginia Code § 61-2-28* or *§ 61-2-9*, in which the victim was a current or former spouse, current or former sexual or intimate partner, a person with whom I have a child in common, a person with whom I cohabit or have cohabited, a parent or guardian, my child or ward, or a member of my household at the time of the offense, or have been convicted in any Court of any state or jurisdiction of a comparable misdemeanor crime of domestic violence.

I understand that a criminal background check will be performed at the direction of the Court by a law enforcement agency, and the return of my firearms and ammunition is subject to the results of the background check.

RESPONDENT'S INFORMATION

Driver's License Number and Issuing State			
Social Security Number			
Current Address			
Based upon all of the	ne above, the respondent respec		
firearms to the respondent	be entered by the Court.		
STATE OF WEST VIRG	INIA, COUNTY OF		-
Ι,		n oath or affirmation, say that I	am the respondent
named in this Petition for F	Return of Firearms and Ammun	ition, and that the facts contained	ed herein are true,
except that where they are	based upon information or belie	ef, I believe them to be true.	
		Respondent's Signature	
Taken, subscribed, and swo	orn or affirmed before me this _	day of	, 20
		Notary Public / Clerk	
My commission expires on	l		

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Date of Birth

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