

FIREARM ACKNOWLEDGMENT

JD-AP-137 New 10-06
C.G.S. § 29-33, 29-36f, 29-36k,
53a-30, 53a-217, 53a-217c

CONNECTICUT JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
ADULT PROBATION
www.jud.ct.gov

**Instructions**

1. Complete all information requested and have the person initial where provided.
2. If the person is 16 or 17 years of age a legal guardian should initial and sign where applicable.
3. If the person refuses to sign or to provide information, check appropriate box provided at bottom of form.
4. Place original in Probation file and give a copy to person under probation supervision.

Name (Person under probation supervision)

Address

I, the person named above, acknowledge and understand that I am currently under a period of probation supervision, and in accordance with a specific Court order and/or Connecticut General Statutes Section 29-33, 29-36f, 29-36k, 53a-30, 53a-217, and/or 53a-217c, **I am ineligible to possess a firearm as a condition of my probation.**

("X" one of the following and initial where provided:)

- ☐ 1. I am currently in possession of the firearm(s) described below and will either legally transfer ownership or surrender the firearm(s) to the State Police not later than the end of business on (date) _____ (two (2) business days) and will provide the probation officer with verification of the transaction within three (3) business days of the transaction.

(Initial) _____

Description of weapon(s):

The weapon(s) described above is/are the only weapon(s) that I possess. (Initial) _____

- ☐ 2. I have possessed one or more firearms in the past but do not currently possess any firearms. I will provide my probation officer with a transfer of ownership form or receipt of surrender or a copy of a firearm statement not later than the end of business on (date) _____ (three (3) business days).

(Initial) _____

- ☐ 3. I do not possess, and have never possessed a firearm.

(Initial) _____

I have discussed and reviewed this information with my probation officer and I agree that the information shown above is accurate and true. I understand that I am not to possess any firearms while I am under probation supervision. I also understand that if I am found to be in possession of a firearm I may be found to be in violation of my probation supervision.

Signed: ►

(Person under Probation Supervision and/or guardian)

(Date)

Witnessed:

(Probation Officer - sign and print name)

(Date)

Witnessed:

(Probation Officer - sign and print name)

(Date)

(If the person under probation refused to sign or provide information, sign the "witnessed" section above and check the appropriate box below.)

- ☐ Person under probation supervision refused to complete/sign this form but verbally provided the information shown above.
☐ Person under probation supervision refused to provide any firearms information.

Distribution: Original - File Copy - Person Under Probation Supervision