

**Clinton Police Department
Property and Evidence**

FIREARM RETURN REQUEST

THIS FORM MUST BE FILLED OUT COMPLETELY AND NOTARIZED FOR ALL FIREARM RETURNS

Date of Request: _____ CPD Case #: CL _____ Approx. Date of Incident: _____
Full Legal Name: _____
Date of Birth: _____ Race: _____ Gender: _____ Social Security #: _____ - _____ - _____
DL/State ID #: _____ Issuing State: _____
Street Address: _____ Apartment/Unit # _____ City: _____
State: _____ Zip Code: _____ Best Contact Phone: (____) _____ - _____

Make/Model/Description of firearm

Claim to right of firearm

Make/Model/Description of firearm	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:
	<input type="checkbox"/> Owner <input type="checkbox"/> Possessor	<input type="checkbox"/> Finder <input type="checkbox"/> Other:

Comments: _____

Please submit any proof of ownership or receipts with this form for each firearm being claimed.

All of the following questions must be answered by the requesting party:

1. Do you have charges pending in any state for a felony, or any other crime for which the court could sentence you to imprisonment for more than one year? YES or NO
2. Have you ever been convicted in any court of a felony, or any other crime involving a firearm or explosives for which the court could have sentenced you to imprisonment for more than one year, even if you received a shorter sentence, including probation? YES or NO
3. Have you been convicted in any court within the previous three years of a serious or aggravated misdemeanor defined in Iowa Code Ch. 708, not involving a firearm or explosives, for which the court could have imprisoned you for more than one year, even if you received a shorter sentence, including probation? YES or NO
4. Are you a fugitive from justice (outstanding arrest warrants)? YES or NO
5. Are you an unlawful user of, or addicted to, any controlled substance? YES or NO
6. Have you ever been adjudicated mentally defective (which includes a determination by a court, board, commission, or other lawful authority that you are a danger to yourself or to others or are incompetent to manage your own affairs) OR have you ever been committed to a mental institution? YES or NO

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7. Have you served in the US Armed Forces? YES or NO

Branch: _____ Years of Service: _____

If Yes: Have you been discharged from the Armed Forces under dishonorable conditions?
Please provide a copy of your DD Form 214, Certificate of Release, or Discharge from
Active Duty.

YES or NO

8. Are you subject to a court order restraining you from harassing, stalking or threatening your child
or an intimate partner, or child of such partner? YES or NO

9. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? YES or NO

10. Are you a citizen of the United States? YES or NO

If not, provide country of birth and alien registration number:

Country of Birth: _____

Alien Registration Number: _____

11. If gun was stolen did you file an insurance claim? YES or NO

Insurance Company and Claim number _____

Notarized signature of requesting party must be filled out and signed in front of a Notary of the Public for the State

I, _____, certify that the information provided is true and correct to the best of my
Print Name
knowledge. I understand that I may be convicted of a Class D Felony pursuant to Iowa Code section 720.2 if I make a false
statement of material fact on this application.

Signature

Date

Notary of the Public

Signed and sworn before me on _____, _____.

Administrative

Date received: _____