

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>VERIFICATION OF COMPLIANCE WITH EXTREME RISK PROTECTION ORDER</b>	<b>CASE NO. and JUDGE</b>
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Court address Court telephone no.

Petitioner's name and telephone no.
Petitioner's attorney, bar no., address, and telephone no.

v

Respondent's name, address, and telephone no.
Respondent's attorney, bar no., address, and telephone no.

**Instructions:** You must file 1 or more documents or other evidence verifying that you have complied with an extreme risk protection order entered against you. The verification must be filed with the court that issued the order **not later than 24 hours** after you get a copy of the extreme risk protection order or actual notice that an extreme risk protection order was issued against you. You may use this form to verify your compliance and attach other documents or evidence as needed. If the court is closed when the 24-hour period expires, you must complete the required filing not later than the next business day.

**Verification**

Mark the checkbox next to either item 1 or item 2 that applies to your situation. **You will be verifying that each statement in the item is true.** Mark the check box next to item 3 and complete the information if it applies to you.

1. I verify that I **had** firearms or a concealed pistol license in my possession and that:
- a. all firearms previously in my possession or control were surrendered to or seized by the local law enforcement agency identified in the extreme risk protection order or, if permitted by the court, to a licensed firearm dealer.
  - b. any concealed pistol license was surrendered to or seized by the local law enforcement agency identified in the extreme risk protection order, or the county clerk as required by the order and MCL 28.428.
  - c. I do not have any firearms or a concealed pistol license in my possession or control.

**OR**

2. I verify that I did **not** have firearms or a concealed pistol license in my possession or control when the order was issued **and** that at the time of this verification, I do not have a firearm or concealed pistol license in my possession or control.
3. I am:
- a. an individual who is required to carry a pistol as a condition of their employment and is issued a license to carry a concealed pistol.
  - b. a police officer licensed or certified under the Michigan commission on law enforcement standards act, 1964 PA 203, MCL 28.601 to 28.615.
  - c. a sheriff or deputy sheriff.

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- d. a member of the department of state police.
- e. a local corrections officer.
- f. an employee of the department of corrections.
- g. a federal law enforcement officer who carries a pistol during the normal course of the officer's employment.
- h. an officer of the Federal Bureau of Prisons.

My employer is: \_\_\_\_\_  
Provide name of employer or specific department or agency

I declare under the penalties of perjury that this verification of compliance with the extreme risk protection order has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent's signature