

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public/Court Clerk/Judge
If notary, my commission expires: _____

THIRD PARTY’S AFFIDAVIT ABOUT TAKING POSSESSION

I am _____. *(Name of Third Party who has received the firearms/ammunition).* **Being sworn, I state that:**

I am aware of the Court’s order prohibiting Respondent from possessing firearms and ammunition. I agree to receive and store the following firearms and/or ammunition for Resondent while s/he is prohibited by the court order from possessing them.

(Set out the make, model, caliber, and serial numbers. Attach extra sheets if needed).

Firearm Make	Model	Caliber	Serial Number
Ammunition: <i>Describe type and amount:</i>			

Initial each item listed below to show your understanding and agreement:

_____ **I am not the protected person in this restraining order case.**

_____ **I do not live in the same residence as Respondent.**

_____ **I am not prohibited from owning or possessing firearms under state or federal laws.**

Unless I am exempt from the background check (*see page 1*), the Respondent has done a background check on me through a licensed gun dealer to verify that I am not prohibited from owning or possessing firearms. The Oregon State Police Background Check Number for me is: _____

_____ **I agree not to return, loan, or otherwise transfer any firearms to Respondent** until this restraining order expires or ends by court order. And:

___ A. I am one of Respondent’s relatives as listed on page 1. I understand that when the order ends, I can return the firearms without a backgrounds check. *or*

___ B. I am not one of Respondent’s relatives listed on page 1. I understand that even when the order ends, I cannot return the firearms without a licensed gun dealer doing a background check on the Respondent.

_____ **I understand that violation of these terms may result in the filing of federal and/or state criminal charges against me.**

Signature of Third Party

Print Name of Third Party

Address (or Contact Address) Street/City/State/Zip

Phone or Contact Phone #

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