

Superior Court of California, County of Contra Costa

PROHIBITED PERSONS RELINQUISHMENT FORMS PACKET

What you will find in this packet:

- **Prohibited Persons Relinquishment Forms Instructions**
- **Prohibited Persons Relinquishment Forms (Penal Code 29810)
(BOF 1022) (BOF 1023) (BOF 1024) (BOF 1025) (BOF 1026)**

**RETURN FORM TO:
50 DOUGLAS DRIVE # 200
MARTINEZ, CA 94553**



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form INSTRUCTIONS



Pursuant to Penal Code section 29810, any person who is convicted of any offense listed in sections 29800 or 29805 is prohibited from owning, purchasing, receiving, possessing, or having under his or her custody or control, any firearms, ammunition, and ammunition feeding devices, including but not limited to magazines. Any person subject to section 29800 or 29805, shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to Penal Code section 29830.

Please note: This form is intended for use in relinquishing firearms only. As a reminder, any person who is convicted of any offense listed in sections 29800 or 29805 is also prohibited from owning or possessing ammunition, ammunition feeding devices, including but limited to magazines.

The following form allows the defendant to comply with all of the requirements outlined in Penal Code section 29810.

To be completed by Defendant

Sections A, B, C, D, and E must be completed by the defendant.

Section A

Complete all personal information. This section is required to establish identity.

Section B

If you do not own, possess, or have under your custody or control, any firearms, ammunition, or ammunition feeding devices, including but not limited to magazines, initial in the box provided in section B, sign, and date where indicated to complete the form. Submit the completed form to your probation officer unless otherwise approved by the court.

Complete the firearm information (pages 2 and/or 3) and attach the Defendant Supplemental Form (BOF 1023) to report additional firearms as needed. Provide all information about the firearm(s) to be surrendered. Include the current location of the firearm and provide all reasonably available information about the location of the firearms to enable the Power of Attorney (consenting third-party) or Law Enforcement Agency (LEA) Designee to locate the firearms.

Provide initials acknowledging the fine and cohabitant advisory.

Section C

If applicable, check "Yes" and provide court documentation allowing approval for shortened or enlarged relinquishment periods, or alternate relinquishment methods. Otherwise, check "No."

Section D

Complete Power of Attorney (Consenting Third Party)/Law Enforcement Designee Assignment information.

Section E

Complete and sign the declaration section. This section does not need to be signed and dated if you have indicated you do not own, possess or have under your custody or control any firearms, ammunition, or ammunition feeding devices.

If applicable, have the Power of Attorney (consenting third-party) or LEA Designee complete pages 5 and 6.

Once the form has been completed by all parties, the signed form must be submitted to your assigned Probation Officer. The form may be submitted to the probation officer by the defendant or the Power of Attorney Designee.



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Prohibited Persons Relinquishment Form
CONTINUED INSTRUCTIONS**



To be completed by Power of Attorney Designee (Consenting Third-Party)

Sections F and H are to be completed by the Power of Attorney Designee (consenting third-party).

Section F

Provide personal information to determine your identity. Sign and date the declaration.

Section H

Provide firearm information, date the firearm was relinquished, and to whom it was relinquished. Attach the Designee Supplemental Form (BOF 1024) to report additional firearms as needed.

To be completed by Power of Attorney Designee (Law Enforcement Agency)

Sections G and H are to be completed by the LEA Designee.

Section G

Provide law enforcement agency information, name, and title of law enforcement representative that took possession of the firearm(s).

Section H

Provide firearm information, date the firearm was relinquished, and to whom it was relinquished. Attach the Designee Supplemental Form (BOF 1024) to report additional firearms as needed.



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Prohibited Persons Relinquishment Form
(Penal Code 29810)**



Pursuant to Penal Code section 29810, any person who is convicted of any offense listed in sections 29800 or 29805 is prohibited from owning, purchasing, receiving, possessing, or having under his or her custody or control, any firearms, ammunition, and ammunition feeding devices, including but not limited to magazines. Any person subject to section 29800 or 29805, shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to section 29830.

Please note: This form is intended for use in relinquishing firearms only. As a reminder, any person who is convicted of any offense listed in sections 29800 or 29805 is also prohibited from owning or possessing ammunition, ammunition feeding devices, including but limited to magazines.

A. Prohibited Person Information (Defendant):

Last Name:		First Name:		Middle Name:	
Physical Residence Address:			City:	State:	Zip Code:
Date of Birth (mm/dd/yyyy):	California Driver's License or Identification No.:		Place of Birth (state or country):		Sex:
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If no, enter Alien Registration No. or I-94 No.:	Country of Citizenship:		Phone No. (include area code):	

B. Firearm(s) Information (To report additional firearm(s), use supplemental form (BOF 1023)):

 I do not own, possess, or have under my custody or control, any firearms, ammunition, or ammunition feeding devices, including but not limited to magazines.
Initial

Signature

Date

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: <input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Current Location of Firearm (including address and other information about the firearm's specific location):

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: <input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Current Location of Firearm (including address and other information about the firearm's specific location):



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form



F. Power of Attorney Designee (Consenting Third-Party):

Last Name:		First Name:		Middle Name:	
Physical Residence Address:			City:	State:	Zip Code:
Date of Birth (mm/dd/yyyy):	California Driver's License or Identification No.:	Place of Birth (state or country):		Sex:	
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If no, enter Alien Registration No. or I-94 No.:	Country of Citizenship:	Phone No. (include area code):		

I, _____, hereby agree to accept appointment as Power of Attorney for the sole purpose of transferring
 Printed Name of Power of Attorney Designee
 or disposing firearms on behalf of _____, the owner or possessor of the firearm(s).
 Printed Name of Defendant

I understand that it is my legal responsibility to carry out one of the following actions on behalf of the defendant: surrender the firearms to the control of a local law enforcement agency, sell the firearms to a licensed firearms dealer, or transfer the firearms to a dealer. I understand that I, the designee, shall relinquish the firearm(s) that are in my possession within five days of when the defendant has been convicted or within fourteen days of when the defendant was convicted, if he/she remained in law enforcement custody. I understand that I am obligated to submit this completed BOF 1022 form to the defendant's assigned probation officer within the specified time period in Penal Code Section 29810 (d) and (e). In addition, I shall state the date each firearm was relinquished and the name of the party to whom it was relinquished to and attach corresponding receipts, or the optional Firearm Disposition Receipt Form (BOF 1025), from the law enforcement agency or licensed firearms dealer who took possession of the relinquished firearm(s). I declare under penalty of perjury under the laws of the State of California, that I am not prohibited by law from possessing firearms.

Signature

Date

G. Power of Attorney Designee (Law Enforcement Agency):

ORI Number:	LEA Name				
Street Address:	City:	State:	Zip Code:	Phone Number:	
Printed Name of LEA Representative/Title		Signature		Date	



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form



H. Firearm Relinquishment Information (To report additional firearms, use supplemental form (BOF 1023) - attach completed BOF 1025 form(s) and/or receipts)

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	

Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date

Licensed Firearm Dealer (CFD) CFD No., Name, and Address Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	

Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date

Licensed Firearm Dealer (CFD) CFD No., Name, and Address Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	

Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date

Licensed Firearm Dealer (CFD) CFD No., Name, and Address Relinquished Firearm Date

Printed Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Defendant Firearm Relinquishment Information
(Supplemental Form)**



Firearm Relinquishment Information (Attach completed BOF 1025 Form(s) and/or Receipts):						
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:		Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:		Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:		Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:		Make:		Model:
Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action):	
Describe Firearm (Identification Marks):						
Current Location of Firearm (including address and other information about the firearm's specific location):						



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Designee Firearm Relinquishment Information (Supplemental Form)



Firearm Relinquishment Information (Attach completed BOF 1025 Form(s) and/or Receipts)

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
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Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category (i.e. semi-automatic, single-shot, bolt action)
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Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date

Licensed Firearm Dealer (CFD) CFD No., Name, and Address Relinquished Firearm Date

Print Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
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Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category i.e. semi-automatic, single-shot, bolt action):
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Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date

Licensed Firearm Dealer (CFD) CFD No., Name, and Address Relinquished Firearm Date

Print Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun			Serial Number:		Make:	Model:
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Caliber:	Color:	Firearm Origin:	Barrel Length:	<input type="radio"/> in. <input type="radio"/> cm.	Category i.e. semi-automatic, single-shot, bolt action):
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Describe Firearm (Identification Marks):

Firearm Relinquished to:

Law Enforcement Agency (LEA) ORI No., LEA Name, and Address Relinquished Firearm Date

Licensed Firearm Dealer (CFD) CFD No., Name, and Address Relinquished Firearm Date

Print Name and Title of LEA Representative or CFD Salesperson/Associate Signature of LEA Representative or CFD Salesperson/Associate



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Firearm Disposition Receipt**
California Penal Code Section 29810
(Form approved for optional use)



Firearm Owner Information

Last Name:		First Name:		Middle Name:	
Physical Residence Address:			City:	State:	Zip Code:
Date of Birth (mm/dd/yyyy):	California Drivers License or Identification No.:		Place of Birth (state or country):		Sex:
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	If no, enter Alien Registration No. or I-94 No.:	Country of Citizenship:		Phone No. (include area code):	

Firearm Disposition Information (To report additional firearm(s) copy and attach additional applications)

<input type="checkbox"/> Law Enforcement Agency (LEA)	ORI No.:	Name of LEA:	Name of LEA Representative:
<input type="checkbox"/> Firearm Dealership (CFD) (Attach completed DES "Buy" Acquisition)		CFD No.:	
Business Name of CFD:		Name of CFD Sales Person/Associate:	
<input type="checkbox"/> Firearm Storage (Attach copy of completed BOF 992 form)		<input type="checkbox"/> Other (Attach applicable documentation)	

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: <input type="radio"/> in. <input type="radio"/> cm.	Category i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun		Serial Number:	Make:	Model:
Caliber:	Color:	Firearm Origin:	Barrel Length: <input type="radio"/> in. <input type="radio"/> cm.	Category i.e. semi-automatic, single-shot, bolt action):

Describe Firearm (Identification Marks):

Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Print Name and Title of Law Enforcement Agency Representative or Firearms Dealer Salesperson/Associate who has taken possession of the firearm(s).

Signature _____ Date _____



**CALIFORNIA DEPARTMENT OF JUSTICE
BUREAU OF FIREARMS
Probation Officer Verification Form**
Penal Code section 29810(c)(2)



Instructions

1. Complete the Defendant and corresponding firearm information. Attach additional pages as needed.
2. Attach the corresponding Automated Firearms System printout.
3. Print name, sign, date, provide additional comments (if needed), and send the completed form to the Armed and Prohibited Persons Section at P.O. Box 820200 Sacramento, CA 94203-0200.
4. Please retain the original BOF 1022, and corresponding documentation, as you will need it in order to comply with the requirements set forth in Penal Code section 29810(c).

A. Prohibited Person Information (Defendant):

Last Name:		First Name:		Middle Name:	
Physical Residence Address:			City:	State:	Zip Code:
Date of Birth (mm/dd/yyyy):		California Drivers License or Identification No.:		Sex:	

Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun	Serial Number:	Make:	Model:
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun	Serial Number:	Make:	Model:
Firearm Type: <input type="radio"/> Handgun <input type="radio"/> Rifle <input type="radio"/> Shotgun	Serial Number:	Make:	Model:

B. Assigned Probation Officer

Pursuant to Penal Code section 29810(c)(1), I have received the Prohibited Persons Relinquishment Form (BOF 1022) from the defendant or the defendant's designee, and have verified, as applicable, the Automated Firearms System has been properly updated to indicate that the defendant has relinquished those firearm(s).

_____	_____	_____
Printed Name	Signature	Date

Comments:
