**Happy Land Police Department**

**Firearm Release Questionnaire**

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my date of

**First Middle Last**

birth is\_\_\_\_\_\_\_\_\_\_, and my address

is**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

**Home Address Street City State Zip**

**I DECLARE UNDER PENALTY OF LAW THAT THE FOREGOING IS TRUE AND CORRECT.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Question** | **Yes** | **No** |
| 1 | Are you the actual owner, or have legal right to of the firearm? | □ | □ |
| 2 | Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year? | □ | □ |
| 3 | Have you ever been convicted in any court of a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? | □ | □ |
| 4 | Are you a fugitive from justice? | □ | □ |
| 5 | Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? | □ | □ |
| 6 | Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? | □ | □ |
| 7 | Have you been discharged from the Armed Forces under dishonorable conditions? | □ | □ |
| 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? | □ | □ |
| 9 | Have you ever been convicted in any court of a misdemeanor crime of domestic violence? | □ | □ |
| 10 | Have you ever renounced your United States citizenship? | □ | □ |
| 11 | Are you an alien illegally or unlawfully in the United States? | □ | □ |

Executed in Favorite County, State of Texas, on the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Witness - Peace Officer Signature Date**