

KSU Police Department Firearm Return Form

Case #	Make	Model	Serial #	Total # of Firearms
Last Name (including suffix, e.g., Jr, Sr, II, III)		First Name		Middle Name (if no middle name, record "NMN")
Height	Weight	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YY)
Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
Driver's License #	State	SSN (optional, but will help prevent misidentification)		Place of Birth (U.S. City & State OR Foreign Country)

Answer the following questions by checking or marking either the "yes" or "no" box:

Are you the legal owner of the firearm listed at the top of this form? Warning: You are not the actual transferee/buyer if you are acquiring any firearm on behalf of another person.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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, or are you a member of the military who has been charged with a violation of the UCMJ that has been referred to a general court-martial?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a fugitive from justice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug or any other controlled substance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been adjudicated as a mental defective (a <i>determination by a court, board, commission, or other lawful authority that you are a danger to yourself or others or are incompetent to manage your own affairs</i>) OR have you ever been committed to a mental institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been discharged from the Armed Forces under dishonorable conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you subject to a court order, including a Military Protection Order, restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted in any court (including a military court) of a misdemeanor crime of domestic violence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever renounced your United States citizenship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an alien illegally or unlawfully in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently out on bond?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently on probation or parole?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify under penalty of O.C.G.A. 16-10-20 (False Statements & Writings - Felony) that the above information is true and correct. I further understand my information will be used to determine eligibility to retrieve the listed firearm.

Signature

Date

03/21/2024

Evidence Unit Use Only

By signing below, the employee attests to conducting the background investigation of the individual attempting to receive a firearm.

Evidence Manager

Evidence Manager Signature

I.D. provided at time of pickup? Yes No

NICS and Criminal history completed (Purpose Code "F") by: _____

Firearm returned to the above listed individual.

Firearm not returned to the above listed individual.

Person ineligible to receive firearm (reason): _____

Firearm ineligible for release (reason): _____

Other: _____

Transaction occurred within 30 days from the date of NICS contact.