

**SEMINOLE COUNTY BAKER ACT SEIZURE/SURRENDER RECEIPT
RISK PROTECTION ORDER FIREARM/AMMUNITION SEIZURE RECEIPT**

Date::	Person Items Seized From:	Agency Case # _____ Clerk Case # _____
--------	---------------------------	---

<p>BAKER ACT SEIZURE OR SURRENDER: Be advised that return of the items listed herein will require that you produce documentation that you are no longer subject to involuntary examination and have been released or discharged from any inpatient or involuntary outpatient treatment provided or ordered under 394.463(g), unless a risk protection order entered under s. 790.401 directs the law enforcement agency to hold the firearms or ammunition for a longer period or you are subject to a firearm purchase disability under s. 790.065, or a firearm possession and firearm ownership disability under s. 790.064. Additionally you may not otherwise be prohibited by state or federal law prohibiting your possession of a firearm or ammunition.</p>	<p>RISK PROTECTION ORDER SEIZURE OR SURRENDER; NOTICE TO RPO RESPONDENT. A violation of the Risk Protection order constitutes a third degree felony punishable by up to 5 years in prison and a \$5,000 fine. You have the sole responsibility to refrain from violating the order's provisions.</p> <p>Any firearm and ammunition surrendered by a respondent pursuant to subsection 790.401 which remains unclaimed for 1 year by the lawful owner after expiration or an order vacating the risk protection order shall be disposed of in accordance with the holding law enforcement agency's policies and procedures for the disposal of firearms in police custody.</p>
---	--

Destination Agency where property will be held:	IF RPO Surrender- LEO Assisting with Service:
---	---

#	# Items	Property Type	Brand	Model	Serial #	Prop Value	Prop Stat	Prop Code	Size	Color

Concealed Weapons Permit Seized: Yes No N/A (Permit Not Issued for Subject) Supplemental Sheet Attached

CERTIFICATE OF COMPLIANCE PURSUANT TO FLORIDA STATUTE §790.401 – FOR RPO SEIZURE ONLY

Initial all that apply:

- _____ The above described items were seized or surrendered on the above date pursuant to a Risk Protection Order
- _____ The undersigned has no independent additional evidence regarding whether or not the Respondent has additional items in his possession, custody or control subject to surrender obligation under the Risk Protection Order.
- _____ The Respondent indicated that he/she had no firearms, ammunition or Concealed Weapons Permit in his/her possession, custody or control for surrender at the time the Risk Protection Order was served.
- _____ The Respondent indicated that any and all items required for surrender under the Risk Protection Order had been previously seized or voluntarily surrendered during a Baker Act, Marchman Act, Criminal Case arrest, were transferred to a Third Party or previously taken during service of Risk Protection Order.

Deputy Name	Deputy Signature & ID #	Municipal LEO Name	Municipal Signature & ID #
-------------	-------------------------	--------------------	----------------------------

I hereby swear, certify, and affirm that all firearms or ammunition owned, possessed, controlled by me or in my custody have been seized or voluntarily surrendered to law enforcement.

Respondent Name	Respondent Signature
-----------------	----------------------

Before me this day, personally appeared _____ who being duly sworn, attests to the truth of his/her statements. Sworn to and subscribed before me this _____ day of _____, 20_____.

LEO Signature after Administering Oath)

Taken in my capacity as a law enforcement officer as defined in F.S. 943.10 with the above listed agency and on authority of F.S. 925.095

Chain of Custody

Received By Signature and ID#	Reason	Date/Time Received