

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, IN AND FOR BREVARD COUNTY, FLORIDA

DIVISION: Case Number: 05 - - - - XXX-XX

PLAINTIFF

CLOCK IN

DEFENDANT

PETITION FOR RELIEF FROM FIREARM DISABILITIES IMPOSED BY THE COURT

This matter is presented to the Court on the _____ day of _____, 20____, by the Petitioner, _____.

1. The Petitioner was:

Ordered to Involuntary Substance Abuse Assessment and Stabilization (§ 397.6818, F.S.) on _____.

Ordered to Involuntary Substance Abuse Treatment (§ 397.6957, F.S.) on _____.

Ordered to Involuntary Inpatient Placement (§ 394.467, F.S) on _____.

Ordered to Involuntary Outpatient Placement (§ 394.4655, F.S.) on _____.

Found by the Court to be of Imminent Danger but permitted by physician to transfer to voluntary status in lieu of involuntary placement order above (§ 790.065, F.S) on _____.

Adjudicated incapacitated (§ 744.331, F.S.) or any similar law of any other state on _____.

Found by the Court to be not competent to stand trial in criminal cases (§ 916.12, F.S.) on _____.

Other: _____, on _____.

2. The Petitioner will not be likely to act in a manner that is dangerous to public safety and granting the relief requested would not be contrary to the public interest for the following reasons:

3. Based upon these facts, the following is requested:

a.) That, pursuant to Section 790.065, Florida Statutes, the Court shall grant the relief requested in the Petition if the Courts finds, based on the evidence presented with respect to the Petitioner's reputation, the Petitioner's mental health record and, if applicable, criminal history record, the circumstances surrounding the firearm disability, and any other evidence in the record, that the Petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest.

b.) The firearm disability imposed, dated _____, be set aside and of no further force and effect.

PETITION FOR RELIEF FROM FIREARM DISABILITIES IMPOSED BY THE COURT

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c.) That, pursuant to Section 790.065, Florida Statutes, the Florida Department of Law Enforcement shall delete the mental health record which was the basis for the firearm disability, imposed on _____, from the automated database of persons who are prohibited from purchasing a firearm based on court records.

Under penalties of perjury, I declare that I have read the foregoing Petition for Relief from the Firearm Disabilities Imposed by the Court and that the facts stated in it are true.

Dated this _____ day of _____, 20____.

Petitioner's Signature

Printed Name of Petitioner

Street Address

City/State/Zip

E-Mail Address

Date of Birth: _____

Social Security No.: _____

Race: _____

Gender: Male Female

Name and Address of Attorney for Petitioner (if any):

Attorney Name

Street Address

City/State/Zip

I HEREBY CERTIFY that a copy of the foregoing instrument was _____ mailed via U.S. mail e-mailed to _____, on the _____ day of _____, 20____, in _____, Brevard County, Florida.

Petitioner's Signature

Date

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, IN AND FOR BREVARD COUNTY, FLORIDA

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PLAINTIFF/PETITIONER CLOCK IN

DEFENDANT/RESPONDENT

NOTICE OF HEARING

HEARING INFORMATION:

DATE:	JUDGE:
TIME:	LOCATION:
RE:	

TO:

YOU ARE HEREBY NOTIFIED that a hearing will be held at the date, time, and location indicated above.

I HEREBY CERTIFY that a true copy of the foregoing Notice of Hearing has been mailed to the above named parties at the address shown above via U.S. Mail E-Mail _____.

Date

Signature (Plaintiff/Petitioner – Defendant/Respondent)

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES:

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at Brevard Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, IN AND FOR BREVARD COUNTY, FLORIDA

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PLAINTIFF/PETITIONER

CLOCK IN

DEFENDANT/RESPONDENT

ORDER ON PETITION FOR RELIEF FROM FIREARM DISABILITIES

This matter was presented to the Court on the _____ day of _____, 20____, by the Petitioner, _____, on a Petition for Relief from Firearm Disabilities Imposed by the Court as a result of the _____ order issued by the Court on _____.

The Court, having heard testimony and having received other evidence, finds as follows:

1. _____ was ordered to _____.
2. _____ successfully _____.
3. _____ currently lives with _____, works at _____, and _____.

Based on the evidence presented and the Court's conclusions derived therefrom,

IT IS THEREFORE ORDERED AND ADJUDGED that:

The firearm disability imposed on _____ shall remain in force and effect and the Petition filed on _____ is DENIED.

The firearm disability imposed on _____ is SET ASIDE and is of no further force and effect.

Pursuant to Section 790.065, Florida Statutes, the Court grants the relief requested in the Petition. With respect to evidence presented as to Petitioner's reputation, mental health, the absence of any criminal record that would preclude gun ownership, the circumstances surrounding the firearm disability and other evidence in the record, the Court finds the Petitioner will not be likely to act in a manner that is dangerous to public safety and granting the relief will not be contrary to the public interest.

Pursuant to Section 790.065, Florida Statutes, the Florida Department of Law Enforcement shall delete the mental health record which was the basis for the firearm disability imposed on _____, from the automated database of persons who are prohibited from purchasing a firearm based on court records.

ORDER ON PETITION FOR RELIEF FROM FIREARM DISABILITIES
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DONE AND ORDERED in Brevard County, Florida, this _____ day of _____, 20____.

Circuit Court Judge

Printed Name of Petitioner

Street Address

City/State/Zip

E-Mail Address

Date of Birth: _____

Social Security No.: _____

Race: _____

Gender: Male Female