

DEFENDANT INFORMATION

11. Name (Last, First, MI)	12. Date of Birth	13. SSN (Optional, but will help prevent misidentification)	14. Photo ID/Driver License No.
15. Street Address		16. City and State	17. Zip Code

18. Defendant Acknowledgment

I do solemnly swear (or affirm) and acknowledge that I must turn over to the sheriff or appropriate law enforcement agency any firearm(s), that I own, or that are in my possession, that are not listed on this affidavit. This must be done within the same time frame specified by the court for relinquishing firearms. I also acknowledge that if the court orders, I must also turn over to the sheriff any other weapons(s) and ammunition that I own or is in my possession.

I acknowledge that if I want a firearm dealer to sell or transfer the firearm(s), other weapon(s), or ammunition listed that they must be sold or transferred in accordance with 18 Pa.C.S. Chapter 61 (relating to firearms and other dangerous articles).

I acknowledge that it is my responsibility to provide the original of this affidavit to the sheriff within the time frame specified by the court.

I acknowledge that a failure to comply will result in the sheriff providing immediate notice to the court, plaintiff, and appropriate law enforcement agencies and may result in a criminal investigation and possible prosecution of misdemeanor charges of the second degree.

I verify that the statements set forth in this Affidavit are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S.A. § 4904 relative to Unsworn Falsification to Authorities.

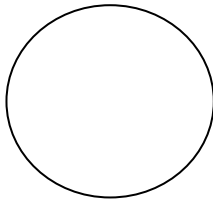
Signature (in ink): _____ Date: _____

Name (printed): _____ Phone: _____

Taken, sworn, and subscribed before me, this

_____ day of _____, _____
 (day) (month) (year)

Notary



FOR SHERIFF'S/APPROPRIATE LAW ENFORCEMENT AGENCY USE ONLY

19. Department Name	20. County Snyder	21. Municipality Snyder County
22. Receiving Deputy or Officer's Signature		23. Receiving Deputy or Officer's Printed Name
24. Date of Affidavit Submission to This Office		25. Time of Affidavit Submission to This Office

PRIVACY ACT NOTICE: *Solicitation of this information is authorized under Title 23 Pa.C.S. § 6109.2. Disclosure of your social security number is voluntary. Your social security number, if provided, may be used to verify your identity and prevent misidentification. All information supplied, including your social security number, is confidential and not subject to public disclosure.*