Superior Court of California, County of Contra Costa

### PROHIBITED PERSONS RELINQUISHMENT FORMS PACKET

### What you will find in this packet:

- Prohibited Persons Relinquishment Forms Instructions
- Prohibited Persons Relinquishment Forms (Penal Code 29810)
   (BOF 1022) (BOF 1023) (BOF 1024) (BOF 1025) (BOF 1026)

RETURN FORM TO:
50 DOUGLAS DRIVE \* 2000
MARTINEZ, CA 94553

DEPARTMENT OF JUSTICE PAGE 1 of 6



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form INSTRUCTIONS



Pursuant to Penal Code section 29810, any person who is convicted of any offense listed in sections 29800 or 29805 is prohibited from owning, purchasing, receiving, possessing, or having under his or her custody or control, any firearms, ammunition, and ammunition feeding devices, including but not limited to magazines. Any person subject to section 29800 or 29805, shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to Penal Code section 29830.

Please note: This form is intended for use in relinquishing firearms only. As a reminder, any person who is convicted of any offense listed in sections 29800 or 29805 is also prohibited from owning or possessing ammunition, ammunition feeding devices, including but limited to magazines.

The following form allows the defendant to comply with all of the requirements outlined in Penal Code section 29810.

#### To be completed by Defendant

Sections A, B, C, D, and E must be completed by the defendant.

#### Section A

Complete all personal information. This section is required to establish identity.

#### Section B

If you do not own, possess, or have under your custody or control, any firearms, ammunition, or ammunition feeding devices, including but not limited to magazines, initial in the box provided in section B, sign, and date where indicated to complete the form. Submit the completed form to your probation officer unless otherwise approved by the court.

Complete the firearm information (pages 2 and/or 3) and attach the Defendant Supplemental Form (BOF 1023) to report additional firearms as needed. Provide all information about the firearm(s) to be surrendered. Include the current location of the firearm and provide all reasonably available information about the location of the firearms to enable the Power of Attorney (consenting third-party) or Law Enforcement Agency (LEA) Designee to locate the firearms.

Provide initials acknowledging the fine and cohabitant advisory.

#### Section C

If applicable, check "Yes" and provide court documentation allowing approval for shortened or enlarged relinquishment periods, or alternate relinquishment methods. Otherwise, check "No."

#### Section D

Complete Power of Attorney (Consenting Third Party)/Law Enforcement Designee Assignment information.

#### Section E

Complete and sign the declaration section. This section does not need to be signed and dated if you have indicated you do not own, possess or have under your custody or control any firearms, ammunition, or ammunition feeding devices.

If applicable, have the Power of Attorney (consenting third-party) or LEA Designee complete pages 5 and 6.

Once the form has been completed by all parties, the signed form must be submitted to your assigned Probation Officer. The form may be submitted to the probation officer by the defendant or the Power of Attorney Designee.



# CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form CONTINUED INSTRUCTIONS



To be completed by Power of Attorney Designee (Consenting Third-Party)

Sections F and H are to be completed by the Power of Attorney Designee (consenting third-party).

#### Section F

Provide personal information to determine your identity. Sign and date the declaration.

#### Section H

Provide firearm information, date the firearm was relinquished, and to whom it was relinquished. Attach the Designee Supplemental Form (BOF 1024) to report additional firearms as needed.

#### To be completed by Power of Attorney Designee (Law Enforcement Agency)

Sections G and H are to be completed by the LEA Designee.

#### Section G

Provide law enforcement agency information, name, and title of law enforcement representative that took possession of the firearm(s).

#### Section H

Provide firearm information, date the firearm was relinquished, and to whom it was relinquished. Attach the Designee Supplemental Form (BOF 1024) to report additional firearms as needed.





(Penal Code 29810)

Pursuant to Penal Code section 29810, any person who is convicted of any offense listed in sections 29800 or 29805 is prohibited from owning, purchasing, receiving, possessing, or having under his or her custody or control, any firearms, ammunition, and ammunition feeding devices, including but not limited to magazines. Any person subject to section 29800 or 29805, shall relinquish all firearms through a designee within the time periods set forth in subdivision (d) or (e) of Penal Code section 29810, by surrendering the firearms to the control of a local law enforcement agency, selling the firearms to a licensed firearms dealer, or transferring the firearms for storage to a firearms dealer pursuant to section 29830.

Please note: This form is intended for use in relinquishing firearms only. As a reminder, any person who is convicted of any offense listed in sections 29800 or 29805 is also prohibited from owning or possessing ammunition, ammunition feeding devices, including but limited to magazines.

A. Prohibite	ed Person I	nformation (Defend	dant):								
Last Name:			Firs	st Name:				Middle	Name.		
Physical Resid	lence Address:		i		Ci	ty:		<u> </u>		State:	Zip Code.
Date of Birth (i	mm/dd/yyyy):	California Driver's Lic	ense or Iden	tification No.:			Place of Birth (state of	or country	y)	<u> </u>	Sex:
Citizen?	Yes If no	o, enter Alien Registration	No. or I-94	No.: Cou	intry of	f Citiz	renship		Phone N	o. (include	area code):
B. Firearm(	s) Informat	ion (To report addi	tional fire	arm(s), use	supp	len	ental form (BOF	1023)	):		
Initial	limited to ma	i, possess, or have under agazínes.	my custody	or control, any I	firearm	ıs, ar		tion feed	ling device	es, including	g but not
	Signature		,				Date				
Firearm Type:	Rifle	← Shotgun	Serial Num	ber:			Make <sup>-</sup>		Model:		
Caliber:	Color:	Firearm Origin:		Barrel Length:	Cil		Category (i.e. semi-al	utomatic	, single-sh	ot, bolt act	on)-
Describe Firea	ım (Identificatio	on Marks):									
Current Location	on of Firearm (i	ncluding address and oth	er informatio	n about the fire	arm's :	speci	fic location):				
Firearm Type:			Serial Num	ber.			Make:		Model		
C Handgun	( Rifle	○ Shotgun									
Caliber:	Color:	Firearm Origin:	E	Barrel Length:	◯ in		Category (i.e semi-a	utomatic	, single-sh	ot, bolt act	on).
Describe Firea	ırm (Identificatio	on Marks):									
Current Location	on of Firearm (i	ncluding address and oth	er înformatio	n about the fire	arm's s	speci	fic location)				

Case/Docket #:





Firearm Type:			Serial Number:		Make:	Model:
C Handgun	( Rifle	Shotgun				
Caliber.	Color:	Firearm Origin:	Barrel Length:	C in.	Category (i.e. semi-automatic	, single-shot, bolt action):
				( cm.		
Describe Fire	arm (Identificat	ion Marks):				
Current Locat	ion of Firearm	including address and of	ther information about the fire	arm's spec	ific location):	
Firearm Type		<u> </u>	Serial Number:		Make:	Model:
( Handgun	( Rifle					
Caliber:	Color:	Firearm Origin:	Barrel Length:	€ in.	Category (i.e. semi-automatic	, single-shot, bolt action):
				( cm.		
Describe Fire	arm (Identificati	on Marks):				
Current Locat	ion of Firearm (	including address and of	ther information about the fire	arm's spec	ific location):	
Initial Initial	time peri By initialiaccordar	od shall constitute an info ng here I understand tha nce with Penal Code sect	raction punishable by a fine n at any person who lives with π	ot exceedir		ation officer within the specified ust store those firearms in
C. Court A	uthorized E	xception(s):				
Yes [			n 29810(f), the court has appointment (If checked "yes," atta			nent time period or has allowed for an
D. Power o	f Attorney	Consenting Third-	-Party)/Law Enforceme	ent Desig	gnee Assignment:	
	ne of Defendan		hereby designate  Printed  ing or disposing of my firearm		Power of Attorney/LEA Designo	90
E. Defenda	nt Declarat	ion:				
as defendant, within the spec	and/or the desi cified time pend on released from	gnee are obligated to su od n law enforcement custo	bmit a completed Prohibited I	Persons Re	llinquishment Form (BOF 1022	s true and correct. I understand that I (2) to my assigned probation officer ossess, or have in my custody or
control wi	thin five days	of my conviction.  ent custody and understa				in my custody or contro <b>l within</b>
	Signat	ите			Date	

Case/Docket #:





F. Power of Attorney Des	ignee (Consenting 1	Third-Party):								
Last Name:		First Name			, , , , , , , , , , , , , , , , , , , ,	M	liddle Name:			
Physical Residence Address:		· I		City-	-			State:	Zip (	Code:
Date of Birth (mm/dd/yyyy):	California Driver's License	or Identification N	io.:		Place of Birth (	(state or co	ountry):	<u></u>	.	Sex:
U.S. Yes If no, en	nter Alien Registration No.	or I-94 No.:	Country	y of Citi	zenship.		Phone N	lo. (include	агеа со	de) <sup>.</sup>
I, Printed Name of Power of Atto		reby agree to acce	ept appoi	intment	as Power of Atl	tomey for t	the sole purpo	se of transf	erring	
or disposing firearms on behalf of	Printed Name of Def	endant		, ti	he owner or pos	ssessor of	the firearm(s)			
I understand that it is my legal resenforcement agency, sell the firea firearm(s) that are in my possessine/she remained in law enforcem officer within the specified time pethe party to whom it was relinquist enforcement agency or licensed for California, that I am not prohibit	arms to a licensed firearms on within five days of when ent custody. I understand to ariod in Penal Code Section hed to and attach correspo irearms dealer who took po	dealer, or transfer the defendant ha hat I am obligated a 29810 (d) and (e anding receipts, or assession of the re	the fires s been o to subm ). In add the optic	arms to convicte at this ca ition, I s onal Fire	a dealer I unde d or within fourt ompleted BOF shall state the de earm Disposition	erstand tha een days 1022 form ate each fi n Receipt l	at I, the design of when the de to the defenda rearm was reli Form (BOF 10	ee, shall rel efendant wa ant's assign inquished at 25), from th	inquish s conviced proba nd the n e law	the ted, if ation ame of
Signatur	re				Date	•		-		
G. Power of Attorney Des	ignee (Law Enforce	ment Agency	):							
ORI Number:	LEA Name									
Street Address.	C	ity:	_		St	ate:	Zip Code:	Phone Nu	mber.	
					,					
Printed Name of LEA Representa	tive/Title		Signatu	ге				Date		





		orm(s) and/or recei		i additional ii	irearins,	use supplement	Lat toffi	1 (BOF 1023) - actach
Firearm Type.			Serial Nu	mber.		Make:		Model:
C Handgun	Rifle	☼ Shotgun						
Caliber	Color:	Firearm Origin:		Barrel Length	Cin.	Category (i.e semi-a	automatic,	single-shot, bolt action):
					( cm.			
Describe Firea	rm (Identificatio	on Marks):			·			
Firearm Relin	-							
(LEA)	cement Agency	ORI No., LEA Name	e, and Add	ress				Relinquished Firearm Date
Licensed F (CFD)	irearm Dealer	CFD No., Name, ar	nd Address					Relinquished Firearm Date
Printed Name	and Title of LEA	A Representative or CFD	Salesperso	on/Associate		Signature of LEA Re	presentat	ive or CFD Salesperson/Associate
Firearm Type:			Serial Nu	mber:		Make.		Model:
( Handgun	( Rifle	C Shotgun						
Caliber:	Color:	Firearm Origin:		Barrel Length:	Cin.	Category (i.e. semi-a	utomatic,	single-shot, bolt action):
Describe Firea	rm (Identificatio	on Marks):						
Firearm Relin	quished to: cement Agency							
L (LEA)	,	ORI No., LEA Name	e, and Add	ress				Relinquished Firearm Date
Licensed F (CFD)	irearm Dealer	CFD No., Name, ar	nd Address			· · · -		Relinquished Firearm Date
	and Title of LE	A Representative or CFD				_	1	ive or CFD Salesperson/Associate
Firearm Type.  C Handgun	Rifle	C Chadain	Serial Nu	mber:		Make:		Model:
Caliber:	Color:	Shotgun		Barrel Length.	W 4 :_	Cotogony(i.e. comy	utomotio	oingle shot helt nation):
Caliber.	COIOI.	Firearm Origin:		Daiter Length.	C in.	Category (i.e. semi-a	шютанс,	single-shot, bolt action):
5 1 6	2) 6 CE C	• • • •			( cm.			
Describe Firea	m (Identificatio	m (Marks):		_				
Firearm Relin	quished to: cement Agency							
(LEA)	ement Agency	OR! No., LEA Name	e, and Add	ress				Relinquished Firearm Date
Licensed F (CFD)	îrearm Dealer	CFD No., Name, an	d Address					Relinquished Firearm Date
Printed Name	and Title of LEA	A Representative or CFD	Salesperso	on/Associate		Signature of LEA Re	presentati	ive or CFD Salesperson/Associate

Case/Docket #.



## CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Defendant Firearm Relinquishment Information



Case/Docket #:

(Supplemental Form)

Firearm Re	linquishme	nt Information (Atta	ch comp	leted BOF 10	25 For	n(s) and/or Receipts):	
Firearm Type:	-		Serial Num	nber:		Make:	Model:
C Handgun	Rifle						
Caliber:	Color:	Firearm Origin:		Barrel Length:	Cin.	Category (i.e. semi-automatic	c, single-shot, bolt action):
					C cm.		
Describe Firea	rm (Identification	on Marks):					
Current Location	on of Firearm (i	ncluding address and oth	er information	on about the firea	rm's speci	fic location):	
Firearm Type:			Serial Num	ber:		Make:	Model:
( Handgun	Rifle	○ Shotgun					
Caliber:	Color:	Firearm Origin:		Barrel Length:	Cin.	Category (i.e. semi-automatic	c, single-shot, bolt action):
					Ccm.		
Describe Firea	rm (Identification	on Marks):					
Current Location	on of Firearm (i	ncluding address and oth	er information	on about the firea	rm's speci	fic location):	
Firearm Type:			Serial Num	ber:		Make:	Model:
( Handgun	Rifle	C Shotgun					
Caliber:	Color:	Firearm Origin:		Barrel Length:	C in.	Category (i.e. semi-automation	c, single-shot, bolt action):
					C cm.		
Describe Firea	rm (Identificatio	on Marks):					
Current Location	on of Firearm (i	ncluding address and other	er information	on about the firea	rm's speci	fic location):	
Firearm Type:			Serial Num	ber:		Make:	Model:
← Handgun	Rifle	← Shotgun					
Caliber:	Color:	Firearm Origin:		Barrel Length:	C in.	Category (i.e. semi-automatic	c, single-shot, bolt action):
Donoriho Eiras	rm (Identification	n Marke):			GIII.		
Describe Firea	.m (identification	m warks).	_				
Current Location	on of Firearm (i	ncluding address and othe	er information	on about the firea	rm's speci	fic location):	



### CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Designee Firearm Relinquishment Information



(Supplemental Form)

Firearm Re	linquishme	nt Information (Att	ach com	pleted BOF 1	025 For	m(s) and/or	Receipts)		
Firearm Type.			Serial Nu	ımber		Make:		Model	
( Handgun	Rifle	C Shotgun							
Caliber:	Color	Firearm Origin:		Barrel Length:	Cm.	Category (i.e.	semi-automation	c, single	-shot, bolt action)
					C cm.				
Describe Fire	arm (Identificati	on Marks):							
Firearm Relin	•								
Law Enfor	cement Agency	ORI No., LEA Nam	ne, and Add	iress		<del>, . , </del>			Relinquished Firearm Date
	Firearm Dealer								
(CFD)		CFD No., Name, a	nd Addres	5					Relinquished Firearm Date
Print Name ar	nd Title of LEA I	Representative or CFD Sa	alesperson	/Associate		Signature of	FLEA Represe	ntative c	or CFD Salesperson/Associate
Firearm Type:			Serial Nu	mber:		Make:		Model	
C Handgun	C Rifle	← Shotgun							
Caliber:	Color:	Firearm Origin:		Barrel Length:	C.In.	Category i.e s	emi-automatic,	, single-	shot, bolt action):
					( cm.				
Describe Firea	arm (Identificati	on Marks):							
Firearm Relin									
(LEA)	cement Agency	ORI No., LEA Nam	ne, and Add	dress					Relinquished Firearm Date
	Firearm Dealer		<u> </u>						
لسا (CFD)		CFD No., Name, a	nd Address	3					Relinquished Firearm Date
Print Name ar	nd Title of LEA I	Representative or CFD Sa	alesperson	/Associate		Signature of	LEA Represer	ntative c	r CFD Salesperson/Associate
Firearm Type:			Serial Nu	mber:		Make:		Model	
: Handgun	( Rifle	( Shotgun							
Caliber:	Color:	Firearm Origin:		Barrel Length:	C in.	Category i.e. s	emī-automatīc,	, single-	shot, bolt action);
					C cm.				
Describe Firea	ırm (İdentificati	on Marks):							
Firearm Relin	•								
Law Enfor	cement Agency	ORI No., LEA Nam	ne, and Add	íress					Relinquished Firearm Date
Licensed I (CFD)	Firearm Dealer	CFD No., Name, a	nd Address	6					Relinquished Firearm Date
Print Name an	nd Title of LEA f	Representative or CFD Sa	alesperson	/Associate		Signature of	LEA Represer	ntative c	r CFD Salesperson/Associate



### CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Firearm Disposition Receipt



California Penal Code Section 29810 (Form approved for optional use)

Firearm Ow	ner Informati	on					· · · · _ · · · · · · · · · · · ·					
Last Name:					First Name:			Midd	le Name:			
Physical Res	sidence Addre	988:				City:		· ·		State:	Zip	Code:
Date of Birth	(mm/dd/yyyy	): Califo	rnia Drive	rs Lice	nse or Identifica	tion No.:	Place of Birth (	state or c	ountry):	,		Sex:
0.3.	Yes If no	o, enter Alier	Registra	ation No	o. or I-94 No.:	Country	of Citizenship:		Phone N	lo. (include	area	code):
Firearm Dis	position Info	rmation (To	report a	dditiona	al firearm(s) cop	y and atta	ach additional app	lications)				
Law Enfo	orcement Age	ncy (LEA)	ORI No.		Name of LEA:			Name o	f LEA Rep	oresentativ	e.:	
		FD) (Attach	complete	d DES	"Buy" Acquisitio	on)	CFD No.:					
Business Na	me of CFD:						Name of CFD	Sales Pe	rson/Asso	ociate:		
Firearm S	Storage (Attac	ch copy of co	ompleted	BOF 9	92 form)	Oth	ner (Attach applic	able docu	ımentatio	n)		
Firearm Type		⊜ Shotg	u n	Serial	Number:		Make:		Model:			
Caliber:	Color:	Firearm Or			Barrel Length	v Cin	Category i.e. s	emi-autor	matic sing	ale-shot he	ult act	tion):
Odinoci.	COIGE	i ii odiiii oi	·9····		Daniel Lengu	C cm.		on dato.	mano, oni	3,0 3,101, 31	ar Go	
Describe Fire	earm (Identific	cation Marks	s):									
Firearm Type				Serial	Number:		Make:		Model:			
C Handgun	€ Rifle	⊜ Shotg				1				1 1 1 7	Ir i	
Caliber:	Color:	Firearm Or	ngin:		Barrel Length	i: Cin.	Category i.e. s	emi-autor	natic, sing	gie-snot, bo	oit act	ion):
Describe Fire	earm (Identific	ation Marks	s).	_	1							
												_
Declaration	4 *			FO	0: 1 - 50 - 55	*** (1 - 1 )						
i deciare und	er penaity of į	peŋury unae	er the law	s or the	State of Califol	mia that ti	he foregoing is tru	ie and co	rrect.			
Print Name a of the firearn		w E <b>n</b> forcem	ent Agen	icy Rep	resentative or F	irearms [	Dealer Salesperso	on/Associ	ate who h	as taken p	osses	ssion
Signature							Dat	e				

STATE OF CALIFORNIA BOF 1026 (Rev. 09/2017)



### CALIFORNIA DEPARTMENT OF JUSTICE **BUREAU OF FIREARMS Probation Officer Verification Form**

PAGE 1 of 1

DEPARTMENT OF JUSTICE

Penal Code section 29810(c)(2)

#### Instructions

- 1. Complete the Defendant and corresponding firearm information. Attach additional pages as needed.
- 2. Attach the corresponding Automated Firearms System printout.
- 3. Print name, sign, date, provide additional comments (if needed), and send the completed form to the Armed and Prohibited Persons Section at P.O. Box 820200 Sacramento, CA 94203-0200.

  Please retain the original ROE 1022, and corresponding documentation, as you will need it in order to comply with the requirements set

	Defendant):		
Last Name:	First Nar	ne:	Middle Name:
Physical Residence Address:		City:	State: Zip Co
Date of Birth (mm/dd/yyyy):	California Drivers Lice	nse or Identification No.:	Sex:
Firearm Type:	Serial Number:	Make:	Model:
Firearm Type:  C Handgun C Rifle C Shotgun	Serial Number.	Make:	Model:
Firearm Type:  ( Handgun ( Rifle ( Shotgun	Serial Number	Make:	Model.
B. Assigned Probation Officer			
Pursuant to Penal Code section 29810(c) the defendant's designee, and have verific defendant has relinquished those firearm;	ed, as applicable, the Au		
Printed Name	Signature		Date
Printed Name	Signature		Date
Printed Name	Signature		Date
Printed Name	Signature		Date
	Signature		Date