



## Rule 17.20—Form 17: **Firearms Transfer Affidavit**

Use this form if you are accepting any firearms, offensive weapons, or ammunition from and on behalf of the defendant listed in this case, whom the court has prohibited from owning or possessing any firearms, offensive weapons, or ammunition under a Protective Order.

You must live in Iowa to hold these items for defendant, you must keep the items in Iowa, and you may not sell or transfer the items to anyone else.

If you do not understand this form, or how to use it, you should talk to an attorney.

### Important notice of legal obligations

- By signing this Affidavit, you acknowledge that it is illegal for defendant to own or possess any firearms, offensive weapons, or ammunition, and you agree that you will not give defendant any access to, control over, or possession of the firearms, offensive weapons, and ammunition transferred to you.
- You must follow the terms of this Affidavit until you receive a copy of a court order dismissing, canceling, or ending this case against defendant.

<b>In the Iowa District Court for _____ County</b> <i>County where Petition is filed</i>	
<b>Plaintiff or Substitute Petitioner</b> <i>Full name of person filing petition</i>  VS.  <b>Defendant</b> <i>Full name of Defendant</i>	<b>Case no.</b> _____ <i>Leave blank – clerk of court will fill in</i>  <b>Firearms Transfer Affidavit</b>  <small>If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="http://www.iowacourts.gov/for-the-public/ada/">www.iowacourts.gov/for-the-public/ada/</a>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). <b>Disability coordinators cannot provide legal advice.</b></small>

My name is \_\_\_\_\_, and I live at \_\_\_\_\_  
*Print your full name* *List home street address*

\_\_\_\_\_, in \_\_\_\_\_, Iowa.  
*List town or city of residence*

For this Firearms Transfer Affidavit, I make each of the statements below.

1. I am allowed by law to possess firearms, offensive weapons, and ammunition, and I accept from defendant transfer of the firearms, offensive weapons, and ammunition listed in this Affidavit.
2. I am 18 years old or older.
3. I have not been convicted of a crime punishable by imprisonment for a term exceeding one year.

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4. I have not been adjudicated as being a danger to myself or others or been committed to a mental institution.
5. I am not an alien illegally or unlawfully in the United States or who has been admitted to the United States under a nonimmigrant visa.
6. I am not a fugitive from justice.
7. I have not been charged with a crime punishable by imprisonment for a term or more than one year.
8. I am not a person who, having been a citizen of the United States, has renounced my citizenship.
9. I have not been discharged from the Armed Forces under dishonorable conditions.
10. I am not subject to a protective or no-contact order.
11. I am not an unlawful user of or addicted to any controlled substance.
12. By checking each box below, I confirm that I have read and understand each statement.
  - ☐ The court has ordered that Defendant cannot possess, purchase, or have custody or control over firearms, offensive weapons, or ammunition. This includes the firearms, offensive weapons, and ammunition (listed below) that I accept for transfer. This prohibition continues until the court dismisses, cancels, or ends the protection order in this case and I receive a copy of the order showing that the protective order is no longer in effect.
  - ☐ I may be subject to subpoena or court order regarding compliance with the order and with the transfer or return of these items to Defendant. This may include, but is not limited to, my appearance at hearings or other requirements as the Court may order.
  - ☐ I will not return, loan, or sell the firearms, offensive weapons, or ammunition to Defendant. I also will not allow Defendant to have access to or use these firearms, offensive weapons, or ammunition at any time while the protection order is in effect, and I will keep them in Iowa. Defendant does not live with me and does not have access to the place where I will keep the firearms, offensive weapons, and ammunition.
  - ☐ Defendant may not live with me or have access to the firearms, offensive weapons, and ammunition during the time they are in my possession.
  - ☐ It is a violation of state and federal law to sell, transfer or give a firearm, dangerous weapon, or ammunition to any person who does not meet each of the qualifications in paragraphs 2 – 11 above. If I transfer firearms, offensive weapons, or

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ammunition to a person who does not meet each of those qualifications, it could result in criminal charges or contempt charges against me.

- 13.** The firearms, offensive weapons, and ammunition that defendant will transfer to me include the following:

Firearm Make	Model	Caliber	Serial Number

**Offensive weapons:** *Describe each weapon*


**Ammunition:** *Describe each type and amount*


☐ Check this box if you have attached page(s) listing additional firearms, offensive weapons, or ammunition.

*Continued on next page*

## 14. Attorney Help

**I understand** that I may fill out and file this Affidavit by myself or with the help of an attorney. *Check A or B*

- A. ☐ An attorney *did not* help me complete this form. *If you check A, go to the “Oath and signature” section below.*
- B. ☐ An attorney *did* help me complete this form. *If you check B, and an attorney did help you complete this form, please provide the attorney’s name and contact information on next page.*

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney’s PIN – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>
_____ <i>Attorney’s phone number</i>		_____ <i>Attorney’s fax number – optional</i>	_____ <i>Attorney’s email address</i>

## 15. Oath and signature

I, \_\_\_\_\_, have read this Affidavit, and I certify under  
*Print your full name*  
penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Affidavit is true and correct.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Your signature\**

_____ <i>Mailing address</i>		_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
_____ <i>Phone number</i>	_____ <i>Email address</i>		_____ <i>Additional email address – if available</i>	

\* *This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand signing.*