



Rule 17.20—Form 16: *Firearms Compliance Affidavit*

If you are a defendant under a Final Protective Order, the court may have prohibited your possession of any firearms, offensive weapons, or ammunition while the final protective order is in effect pursuant to 18 U.S.C. 922(g) and Iowa Code section 724.26. The Final Protective Order will include information about what you must do with these items.

If the court has ordered that you cannot have these items, you may complete this Firearms Compliance Affidavit and file it with the clerk of court in the county where the protective order issued.

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

In the Iowa District Court for _____ County <i>County where Petition is filed</i>	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Plaintiff or Substitute Petitioner <i>Full name of person who filed Petition</i> </div> <div style="margin-bottom: 10px;">VS.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Defendant <i>Full name of Defendant</i> </div>	<div style="margin-bottom: 10px;"> Case no. _____ <i>Leave blank – clerk of court will fill in</i> </div> <div style="text-align: center; margin-bottom: 10px;"> Firearms Compliance Affidavit </div> <div> <p style="font-size: small;">If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p> </div>

1. I, _____, am the Defendant in this case.
Defendant's full name

2. On _____, 20____, the court ordered that I may not possess any firearms, offensive weapons, or ammunition. The court also ordered that I submit any permit to acquire or carry a firearm, or any similar document, and any hunting license to the _____ County Sheriff to be held until the order is no longer in effect.
Month Day Year County

3. I affirm that the following statements are true:
Check all that apply
 - A. ☐ **No firearms, offensive weapons, or ammunition**
I do not own or possess any firearms, offensive weapons, or ammunition, and no one is holding any firearms, offensive weapons, or ammunition for me.

 - B. ☐ **Surrender of firearms, offensive weapons, and ammunition**
I have surrendered all firearms, offensive weapons, and ammunition to the law enforcement agency named on the attached receipt. *Attach a copy of the law enforcement receipt of firearms, offensive weapons, and ammunition to this Affidavit*

 - C. ☐ **Transfer of firearms, offensive weapons, and ammunition to a third party** I have transferred all firearms, offensive weapons, and ammunition that I own or possess to _____.
Print person's full name

Rule 17.20—Form 16: Firearms Compliance Affidavit, continued

That person may legally possess firearms and has completed the attached Firearms Transfer Affidavit. *Attach a copy of the Firearms Transfer Affidavit*

- D. ☐ **No permit to acquire or carry a firearm and hunting license**
I do not have a permit to acquire or carry a firearm, or any similar document, or any hunting license.
- E. ☐ **Surrender of permit to acquire or carry a firearm or hunting license**
I have surrendered any permit or any similar document to acquire or carry a firearm, and any hunting license to the law enforcement agency named on the attached receipt. *Attach a copy of the receipt*

4. 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.*

Name of attorney or organization, if any

Attorney's PIN – Ask the attorney

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Attorney's phone number

(_____) _____
Attorney's fax number – optional

Attorney's email address

5. 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**

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address – if available

* *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.*