SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN DIEGO

PROHIBITED PERSONS RELINQUISHMENT FORM INSTRUCTIONS PACKET



FORMS INCLUDED IN THIS PACKET

Prohibited Persons Relinquishment Form Instructions	DOJ Form #BOF-1022
Designee Firearm Relinquishment Information	DOJ Form #BOF-1024
Firearms Disposition Receipt	DOJ Form #BOF-1025

PKT-047 (Rev. 1/18)

STATE OF CALIFORNIA BOF 1022 (Rev. 01/2018)



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 not limited to magazines, clips, speed loaders, and autoloaders.

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 3 and/or 4) 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.

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form

DEPARTMENT OF JUSTICE PAGE 3 of 6

(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 not limited to magazines, clips, speed loaders, and autoloaders.

A. Prohibited Person Information (Defendant):												
Last Name:			Fir	st Name:				Middle Name:				
Physical Resid	lence Address:				City:					State:	Zip Code:	
Date of Birth (mm/dd/yyyy):	California Driver Licer	nse or Identi	ification No.:		Sex:	Phone No. (include	area code	;) ;		
B. Firearm(s) Informati	on (To report addit	ional fire	earm(s), use	suppler	nental	form (BOF	1023)):			
I do not own, possess, or have under my custody or control, any firearms, ammunition, or ammunition feeding devices, including but not limited to magazines.												
	Signature						Date					
Firearm Type:			Serial Number:			Make	Make: Model:					
C Handgun	○ Rifle	○ Shotgun										
Caliber:	Color:	Firearm Origin:		Barrel Length:	Oin. Ocm.	Category (i.e. semi-automatic, single-shot, bolt action):						
Describe Firea	arm (Identificatio	on Marks):		1								
Current Locati	on of Firearm (ii	ncluding address and oth	er informati	on about the fire	arm's spec	ific locati	on):					
Firearm Type:			Serial Nun	nber:		Make)		Model:			
○ Handgun	○ Rifle	○ Shotgun										
Caliber:	Color:	Firearm Origin:	-	Barrel Length:	() in.	Categor	y (i.e. semi-au	tomatic	, single-sh	ot, bolt actio	n):	
<u>○ cm.</u>												
Describe Firea	arm (Identificatio	on Marks):				<u> </u>						
Current Locati	on of Firearm (ii	ncluding address and oth	er informati	on about the fire	arm's spec	ific locati	on):					

STATE OF CALIFORNIA BOF 1022 (Rev. 01/2018)



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form

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Firearm Type:			Serial Number:		Make:	Model:						
C Handgun	Rifle	◯ Shotgun										
Caliber:	Color:	Firearm Origin:	Barrel Length:	() in.	Category (i.e. semi-automatic	, single-shot, bolt action):						
				∩cm.								
Describe Firearm (Identification Marks):												
Current Locat	on of Firearm (including address and oth	ner information about the firea	arm's speci	fic location):							
Firearm Type: Serial Number: Make: Model:												
○ Handgun	◯ Rifle	○ Shotgun										
Caliber:	Color:	Firearm Origin:	Barrel Length:	⊖in.	Category (i.e. semi-automatic	, single-shot, bolt action):						
				C cm.								
Describe Firea	arm (Identificati	on Marks):		\sim								
Current Locat	on of Firearm (including address and oth	ner information about the firea	arm's speci	fic location):							
		-			·							
	E 1 (51 - 1 - 1 B - 1 - 1 - 1		- /POF	4000) :11 11	1. 10 - 11 - 11 - 15 - 1						
Initial			ed Persons Relinquishment f action punishable by a fine no			ation officer within the specified						
Initial		ng here i understand that ice with Penal Code section		e (conadita	nt) and who owns firearms mu	ist store those tirearms in						
C. Court A	uthorized E	xception(s):										
	- Dureus	ant to Ponal Codo sostion	20910(f) the court has appr	ovod a sho	topod or oplargod rolinguicht	nent time period or has allowed for an						
Yes L			ment (If checked "yes," attac			ient unie penoù or nas alloweù for an						
D. Power o	f Attorney (Consenting Third-	Party)/Law Enforceme	nt Desig	nee Assignment:							
			hereby designate									
Printed Nan	ne of Defendan			Name of F	Power of Attorney/LEA Designe	96						
to have Power	of Attorney for	the purpose of transferrin	ng or disposing of my firearm	(S) .								
E. Defenda	nt Declarat	ion:										
						s true and correct. I understand that I,						
	cified time perio	• •	mit a completed Frombited F		Inquistiment Form (BOF 1022) to my assigned probation officer						
I have been control wi	en released fror thin five days	n law enforcement custod of my conviction.	ly and understand my design	ee shall dis	spose of any firearms I own, p	ossess, or have in my custody or						
	n law enforceme days of my co		nd my designee shall dispose	e of any fire	arms I own, possess or have	in my custody or control within						
	Signat	ure			Date							

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form



F. Power of Attorney De	signee (Consenting	Third-Party):								
Last Name:		First Name:	First Name: Middle Name:							
Physical Residence Address:			City:				State:	Zip Code:		
Date of Birth (mm/dd/yyyy):	California Driver License o	or Identification No.:	S	ex:	Phone No. (in	clude area code	e):	•		
I, Printed Name of Power of Atto	prney Designee , he	reby agree to accept appo	ointment as	s Power	of Attorney for	the sole purpos	se of transfer	ring		
or disposing firearms on behalf o	Printed Name of De	fendant	, the	owner o	r possessor o	f the firearm(s).				
I understand that it is my legal re enforcement agency, sell the fire firearm(s) that are in my possess he/she remained in law enforcer officer within the specified time p the party to whom it was relinqui enforcement agency or licensed of California, that I am not prohit	earms to a licensed firearms sion within five days of whe nent custody. I understand period in Penal Code Section shed to and attach corresp firearms dealer who took p	e dealer, or transfer the fire in the defendant has been that I am obligated to subr n 29810 (d) and (e). In ado onding receipts, or the opt ossession of the relinquist	earms to a c convicted c mit this com dition, I sha ional Firear	dealer. I or within npleted E all state t rm Dispo	understand th fourteen days 3OF 1022 form the date each position Receipt	at I, the designed of when the de to the defenda firearm was relin Form (BOF 102	ee, shall relin fendant was int's assigned nquished and 25), from the	quish the convicted, if I probation I the name of Iaw		
Signate	ure				Date					
G. Power of Attorney De	signee (Law Enforce	ement Agency):								
ORI Number:	LEA Name:									
Street Address:		City:			State:	Zip Code:	Phone Num	iber:		
Printed Name of LEA Represent	ative/Title	Signat	ure				Date			

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Prohibited Persons Relinquishment Form



Firearm Type:			Serial Numb	per:		Make:		Model:		
C Handgun	Rifle	C Shotgun	to a standard and							
Caliber:	Color:	Firearm Origin:	В	arrel Length:	Oin.	Category (i.e. semi-automatic	, <mark>single</mark> -	shot, bolt action):	
					⊖cm.					
Jescribe Firea	arm (Identificati	on Marks):								
	nquished to:									
Law Enfor (LEA)	cement Agency	/ ORI No., LEA Nam	ne, and Addre	SS					Relinquished Firearm Dat	
Licensed (CFD)	Firearm Dealer	CFD No., Name, a	ind Address						Relinquished Firearm Dat	
^o rinted Name	and Title of LE	A Representative or CFD) Salesperson/	/Associate		Signature of	of LEA Representa	tive or C	CFD Salesperson/Associate	
Firearm Type:			Serial Numb	oer:		Make:		Model:		
Handgun	Rifle	◯ Shotgun								
Caliber:	Color:	Firearm Origin:	В	arrel Length:	⊖in.					
					⊖cm.					
Describe Firea	arm (Identificati	on Marks):								
	nquished to:									
	cement Agency	ORI No., LEA Nam	ne, and Addre	SS					Relinquished Firearm Dat	
Licensed (CFD)	Firearm Dealer	CFD No., Name, a							Relinquished Firearm Dat	
(01.2)		CFD NO., Name, a	ind Address						Relinquished Firearni Dat	
Printed Name	and Title of LE	A Representative or CFD	Salesperson/	/Associate		Signature of	of LEA Representation	tive or C	CFD Salesperson/Associate	
irearm Type:			Serial Numb	ber:		Make:		Model:		
Handgun	Rifle	○ Shotgun								
Caliber:	Color:	Firearm Origin:	В	arrel Length:	⊖in.	Category (i.e. semi-automatic	, single-	shot, bolt action):	
					⊖cm.					
Describe Firea	arm (Identificati	on Marks):								
irearm Reli	nquished to:									
Law Enfor (LEA)	cement Agency	/ ORI No., LEA Nam	ne, and Addre	SS					Relinquished Firearm Dat	
Licensed (CFD)	Firearm Dealer								Delia suista de l'Elia de	
		CFD No., Name, a	ind Address						Relinquished Firearm Dat	
		A Representative or CFD				0: (of LEA Representation			

STATE OF CALIFORNIA BOF 1024 (Rev. 05/2017)



CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Designee Firearm Relinquishment Information

(Supplemental Form)

DEPARTMENT	OF JUSTICE
	PAGE 1 of 1



Firearm Re	linquishme	ent Information (Atta	ach com	pleted BOF 1	025 For	m(s) and/or Re	eceipts)		
Firearm Type:	1		Serial Nu	imber:		Make:		Model:	
C Handgun	○ Rifle	◯ Shotgun							
Caliber:	Color:	Firearm Origin:		Barrel Length:	() in.	Category (i.e. sen	ni-automatic	, single-	-shot, bolt action):
					∩cm.				
Describe Firea	arm (Identificatio	on Marks):		•					
Firearm Relin	•								
(LEA)	rcement Agency	y ORI No., LEA Nam	ne, and Add	dress					Relinquished Firearm Date
	Firearm Dealer								
└─ (CFD)		CFD No., Name, a	nd Address	5					Relinquished Firearm Date
Print Name ar	nd Title of LEA F	Representative or CFD Sa	alesperson	/Associate		Signature of LE	EA Represer	ntative o	r CFD Salesperson/Associate
Firearm Type:			Serial Nu	imber:		Make:		Model:	:
C Handgun	○ Rifle	◯ Shotgun							
Caliber:	Color:	Firearm Origin:		⊜in. ⊜cm.	Category i.e. semi-automatic, single-shot, bolt action):				
Doscribo Eiros	arm (Identificatio	on Marks):			U uni.				
Describe Filled	in (identification	лт маткэ <i>ј</i> .							
Firearm Relin	nquished to: rcement Agency	,							
	cement Agency	ORI No., LEA Nam	ne, and Add	dress					Relinquished Firearm Date
	Firearm Dealer								
└─ (CFD)		CFD No., Name, a	nd Address	5					Relinquished Firearm Date
Print Name ar	nd Title of LEA I	Representative or CFD Sa	alesperson	/Associate		Signature of LE	EA Represer	ntative o	r CFD Salesperson/Associate
Firearm Type:			Serial Nu	umber:		Make:		Model	:
Handgun	C Rifle	C Shotgun							
Caliber:	Color:	Firearm Origin:		Barrel Length:	Oin.	Category i.e. sem	ii-automatic,	single-	shot, bolt action):
					∩cm.	-			
Describe Firea	arm (Identification	on Marks):							
Firearm Relir	•								
Law Enfor (LEA)	rcement Agency	y ORI No., LEA Nam	ne, and Add	dress					Relinquished Firearm Date
CFD)	Firearm Dealer	CFD No., Name, a	nd Address	5					Relinquished Firearm Date
Print Name ar	nd Title of LEA I	Representative or CFD Sa	alesperson	/Associate		Signature of LE	EA Represer	ntative o	r CFD Salesperson/Associate

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CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF FIREARMS Firearm Disposition Receipt





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

Filearin Own	ier morm	auon												
Last Name:				First Name:					Middle Name:					
Physical Res	idence Ad	dress:)	City:		7		State:	Zip	Code:
Date of Birth (mm/dd/yyyy): California Drivers License or Ide							ion l	No.:	Place of Birth (st	ate or c	ountry):		1	Sex:
0.0.	Yes If	no, ente	er Alier	n Registra	ition No	o. or I-94 No.:	Cour	ntry of Citizenship: Phone No. (include area code):						code):
Firearm Disp	position In	formati	i on (To	report ac	ditiona	al firearm(s) copy	and	l attac	h additional appli	cations)				
Law Enfo	orcement A	gency (LEA)	ORI No.:	:	Name of LEA:				Name o	f LEA Rep	oresentative	ə:	
Firearm [Dealership	(CFD) (Attach	complete	d DES	"Buy" Acquisitio	n)		CFD No.:					
Business Na	me of CFD):							Name of CFD S	ales Pe	rson/Asso	ciate:		
Firearm S	Storage (At	ttach co	py of co	ompleted	BOF 9	92 form)] Othe	ther (Attach applicable documentation)					
Firearm Type	e:				Serial	Number:			Make: Model:					
⊖ Handgun	⊖ Rifle	C	Shotg	jun										
Caliber:	Color:	Fire	arm Or	igin:		Barrel Length	-	in. cm.	Category i.e. semi-automatic, single-shot, bolt action					tion):
Describe Fire	earm (Ident	tification	n Marks	s):					1					
Firearm Type	e:				Serial	Number:			Make:		Model:			
⊖Handgun	⊖ Rifle	C	Shotg	jun										
Caliber:	Color:	Fire	arm Or	igin:		Barrel Length	0	in.	—					
Describe Fire	earm (Ident	tification	n Marks	s) :										
Declaration														
	er penalty	of perju	ry unde	er the law	s of the	State of Califor	nia ti	hat the	e foregoing is true	and co	rrect.			
Print Name a of the firearm		Law En	nforcem	ient Agen	icy Rep	presentative or F	irear	ms De	ealer Salespersor	I/Associ	ate who h	as taken p	osses	ssion
Signature									Date					