

_____ Court of Washington, County/City of _____

Petitioner

DOB

vs.

Respondent/Defendant

DOB

No.: _____

Declaration of Protected Person about Weapons Surrender (DCLR)

Defendant/Restrained Person filed a:

Proof of Surrender *Declaration of Non-Surrender* Unknown

I want the court to know the following about Defendant/Restrained Person's compliance or non-compliance with weapons surrender.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on: (date) _____ at (city) _____, Washington.

Signature of Protected Person

Print Name