

1 **4-1001.1. Law enforcement statement in support of a petition for an extreme risk firearm**
2 **protection order.**

3
4 [Extreme Risk Firearm Protection Order Act,
5 NMSA 1978, Sections 40-17-1 to -13]

6
7 STATE OF NEW MEXICO
8 COUNTY OF _____
9 _____ JUDICIAL DISTRICT

10
11
12 IN THE MATTER OF AN EXTREME RISK
13 FIREARM PROTECTION ORDER FOR

14 _____
15 _____ (Respondent's full date of birth)

16
17 No. _____
18
19

20 **LAW ENFORCEMENT STATEMENT IN SUPPORT OF A PETITION FOR AN**
21 **EXTREME RISK FIREARM PROTECTION ORDER (EXHIBIT A)**

22
23 **1. INFORMATION ABOUT THE PERSON WHO I BELIEVE POSES A**
24 **SIGNIFICANT DANGER (RESPONDENT)**

25
26 **A.** The name of the person who I believe poses a significant danger of causing imminent
27 personal injury to self or others by having custody or control or by purchasing, possessing,
28 or receiving a firearm is:

29
30 _____
31 *full legal name*

32
33 **B.** Respondent's date of birth: _____

34
35 **C.** Address of the person (Respondent) who I believe poses a significant danger:

36
37 _____
38 *street address*

39
40 _____ *city* _____ *state* _____ *zip*

41
42 **D.** Firearms I believe the Respondent has custody of, controls, owns, or possesses:
43
44
45

Type of Firearm	Number	Location	Ammunition
<input type="checkbox"/> Long gun (<i>includes rifles and shotguns</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Handgun (<i>includes revolvers and pistols</i>)			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Other (<i>includes any other firearms</i>):			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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TOTAL NUMBER OF RESPONDENT'S FIREARMS: _____

2. INFORMATION ABOUT LAW ENFORCEMENT OFFICER COMPLETING STATEMENT

A. Employed by the following type of agency:

- Police Department
- Sheriff's Office
- State Police
- District Attorney's Office
- Attorney General's Office

B. Full name: _____

C. Badge/CAID Number _____

D. Law Enforcement Agency you work for: _____

E. Law Enforcement Agency address:

street address

city *state* *zip*

F. Law Enforcement Agency's telephone number: _____

3. Description of circumstances under which I collected credible information that gave rise to the petition: (You may attach additional pages, if needed)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

7 **4. Statement of facts I want the court to know:** *(You may attach additional pages, if*
8 *needed)*

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10 **A.** Any recent act or threat of violence by the respondent against self or others, regardless
11 of whether the act or threat involved a firearm. *Please describe:*

12 _____
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17 **B.** A pattern of acts or threats of violence by the respondent within the past twelve (12)
18 months, including acts or threats of violence against self or others. *Please describe:*

19 _____
20 _____
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22 _____

23
24 **C.** The respondent's mental health history. *Please describe:* _____

25 _____
26 _____
27 _____
28 _____
29 _____

30
31 **D.** The respondent's abuse of controlled substances or alcohol. *Please describe:*

32 _____
33 _____
34 _____
35 _____
36 _____

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38 **E.** The respondent's previous violations of any court order. *Please describe:*

39 _____
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44 **F.** Previous extreme risk firearm protection orders issued against the respondent.

45 *Date of Order:* _____ *Issued by:* _____

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G. The respondent’s criminal history, including:
arrests and convictions for violent felony offenses. *Please describe:*

arrests and convictions for violent misdemeanor offenses. *Please describe:*

arrests and convictions for crimes involving domestic violence or stalking. *Please describe:* _____

H. The respondent’s history of the use, attempted use, or threatened use of physical violence against another person; of stalking another person; or of cruelty to animals. *Please describe:*

I. Any recent acquisition or attempts at acquisition of a firearm by the respondent. *Please describe:*

J. In addition, I would like the Court to also consider the following:

5. AFFIDAVIT OF LAW ENFORCEMENT OFFICER

I, _____ (*Law Enforcement Officer’s Name*) hereby swear or affirm that I believe _____ (*Respondent’s name*), poses a significant danger of causing imminent personal injury to self or others by having custody or control or by purchasing, possessing, or receiving a firearm for the reasons sworn to in this Statement.

Signature

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Printed Name

Additional pages are attached to this Affidavit? YES NO

[Adopted by Supreme Court Order No. S-1-RCR-2024-00097, effective for all cases filed on or after December 31, 2025.]