4-1015. Extreme risk firearm protection order fire	earm relinquishment receipt form.	
[Extreme Risk Firearm Protection Order Act,		
NMSA 1978, Sections 40-17-1 to -13]		
STATE OF NEW MEXICO		
COUNTY OFJUDICIAL DISTRICT		
JUDICIAL DISTRICT		
IN THE MATTER OF AN EXTREME RISK		
FIREARM PROTECTION ORDER FOR		
(Respondent)		
(Respondent's	s full date of birth)	
No		
EXTREME RISK FIREARM PROT	ECTION ORDER (ERFPO)	
FIREARM RELINQUISHME	,	
(ERFPO) Name:		
City: S	tate: Zip:	
Email:		
immediately relinquish all firearms in your	relinquish all firearms in their possession, custody, or	
2. To Be Completed by Law Enforcement → make sure to sign on page 2	3. To Be Completed by Firearms Dealer → make sure to sign on page 2	
out sections 2 and 4 of this form. You must nediately file this form with the Court to confirm respondent's compliance with the Court's nequishment order.	Fill out sections 3 and 4 of this form. Keep a copy of this form and give the original to the person who turned in the firearm(s). The firearm(s) listed in section 4 were:	

CIVIL FORMS 4-1015 [NEW MATERIAL]

Supreme Court Approved October 31, 2025

atam □ pm date time Iame of Law Enforcement Agency: Please Print			atat	□ am □ pm time
			To:	
4.	List of Firearms			
	MAKE	MODEL	SERIAL NUMBER	Initials - Person Accepting Firearms
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
sheet firear posse	to this form that lists rms. I declare under pen	the make, model, serial alty of perjury under the	were turned in, sold, or stored. number and the initials of the point in the laws of the State of New Me firearm(s) belonging to the response to the respons	erson accepting xico that I took
Nan	ne – Please Print		Signature of Law Enforcemen	nt or FFL

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1	Location where respondent may l	later retrieve firearms upo	on the expiration or termin	nation of the
2	ERFPO:	•	-	
3				
4	Street address:			
5				
6	City:	State:	Zip:	
7				
8	[Adopted by Supreme Court Ord	er No. S-1-RCR-2024-00	097, effective for all cases	s filed on or
9	after December 31, 2025.]			