Protected person's name:			
Your name (restrained person):			
Your address (skip this if you have a lawyer): (If you want you private, give a mailing address instead):	r address to be		
		Court name and	street address:
City: State: Zip:		Superior Court of California, County of	
Your phone # (optional): () Your lawyer (if you have one): (Name, address, phone #, and S			
To the person selling or turning in firearms:		Case Numbe	rs:
When you sell or turn in your firearms, ask law enforce	ment or the		
gun dealer to complete item 4 or 5 and item 6 . After			
signed, take it to the court clerk. Keep a copy. For help,		V-810.	
7	,		
To: Law Enforcement	5	To: Licens	sed Gun Dealer
To: Law Enforcement Fill out parts (A) and (B) of this form. Keep a	5 Fill or		sed Gun Dealer
Fill out parts 4 and 6 of this form. Keep a	Fill or	ut parts 6 and	6 of this form. Keep a
Fill out parts 4 and 6 of this form. Keep a copy and give the original to the person who	Fill or copy	ut parts 5 and and give the ori	6 of this form. Keep a ginal to the person who
Fill out parts 4 and 6 of this form. Keep a copy and give the original to the person who turned in the firearms.	Fill or copy sold t	ut parts 6 and and give the ori	6 of this form. Keep a ginal to the person who
Fill out parts 4 and 6 of this form. Keep a copy and give the original to the person who turned in the firearms. The firearms listed below were turned in on:	Fill or copy sold t	ut parts 6 and and give the ori he firearms to y irearms listed be	6 of this form. Keep a ginal to the person who ou. elow were sold on:
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