STATE OF CALIFORNIA BOF 4009C (Rev. 01/2020)





## BUREAU OF FIREARMS REQUEST FOR HEARING FOR RELIEF FROM FIREARMS PROHIBITION



| Upon or after discharge from a mental health facility, any person subject to firearms prohibitions pursuant to Welfare and Institutions Code (WIC) section 8103, subdivision (f)(1), may request a hearing from the superior court of his or her county of residence to determine whether his or her right(s) to own, possess, control, receive, or purchase firearms will be restored by court order. The court shall set a hearing date within 60 days of receipt of this request. |   |                        | OR COURT USE ONLY |  |
|--|---|------------------------|-------------------|--|
| ТО:  | COUNTY SUPERIOR COURT.  | CASE NUMBER            | R:                |  |
| County of Residence  |   |                        |                   |  |
| ☐ I hereby request a hearing for r   | estoration of my right(s) to own or possess firear  | ns.                    |                   |  |
| ☐ I hereby request a confidential  | private hearing for restoration of my right(s) to ow  | n or poss              | ess firearms.     |  |
| that is not open to the public. Th   | subdivision (f)(5), you have the right to request a<br>nis hearing will only be attended by persons relev<br>st would be better served by conducting the hear | ant to you             | r case unless the |  |
| Last Name  | Last Name First Name  |                        | Middle Name       |  |
|  |   |                        |                   |  |
| Date of Birth  | CA Identification or Driver License Number  | Social Security Number |                   |  |
| Address  | City S  | State                  | Zip Code          |  |
|  | ·   |                        |                   |  |
| Mental Health Facility   |   | Discharge Date         |                   |  |
|  |   |                        |                   |  |
| Address  | City  | State                  | Zip Code          |  |
| I declare under penalty of perjury und   | der the laws of the State of California that the foregoin   | g is true an           | nd correct.       |  |
| Signature of Requestor D   |   | ate                    | _                 |  |

Please forward completed form to the superior court of your county of residence.



## BUREAU OF FIREARMS REQUEST FOR HEARING FOR RELIEF FROM FIREARMS PROHIBITION



## **Privacy Notice**

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information:** The Division of Law Enforcement, Bureau of Firearms in the Department of Justice collects the information on this request pursuant to Welfare and Institutions Code section 8103, subdivision (f)(5). The Bureau of Firearms uses this information to establish patient request for hearing relief from firearms prohibition. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at <a href="http://oag.ca.gov/privacy-policy">http://oag.ca.gov/privacy-policy</a>.

**Providing Personal Information:** All personal information on this request is mandatory. Failure to provide the mandatory personal information will result in your request not being processed.

**Access to Your Information:** You may review the records maintained by the Division of Law Enforcement, Bureau of Firearms in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information:** In order to establish patient request for hearing relief from firearms prohibition, we may need to share the information you provide us with any Bureau of Firearms representative or any other person designated by the Attorney General upon request. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies when necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations, licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

**Contact Information:** For questions about this notice or access to your records, you may contact the Staff Services Analyst in the Customer Support Center at (916) 227-7527, via email at <a href="mailto:firearms.bureau@doj.ca.gov">firearms.bureau@doj.ca.gov</a>, or by mail at P.O. Box 168048, Sacramento, CA 95816-8048.