SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

|  |  |  |  |
| --- | --- | --- | --- |
| STATE OF WASHINGTON,  Plaintiff,  vs.  ,    Defendant. |  | )  ) ) ) ) ) ) ) ) ) )  ) | No.  **Notice of Ineligibility to Possess a Firearm**  **(NTIPF)**  **Clerk’s Action Required (DOL and NICS)** |

**To the Defendant/Respondent**:

You are advised that: The court committed you for mental health treatment under RCW 10.77.

***You are required to immediately surrender any concealed pistol licenses. You may not possess a firearm until your right to do so has been restored by a court of record.***

This notice has been read to the Defendant/Respondent.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant/Respondent’s Signature Judge/Commissioner/Pro Tem

*The information below has been filled in by the State based on available information.*

The date of commitment for restoration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of the Defendant/Respondent’s driver’s license or identicard is attached, **or**

|  |  |  |  |
| --- | --- | --- | --- |
| Defendant/Respondent’s Last Name, First Name Middle Name | | | |
| List any Aliases: | | | |
| Residential Address (Street) (City) (State) (Zip) | | | |
| Date of Birth (month/date/year) | | Driver’s License/ID Number | |
| Race: | Sex: | Weight: | Height: |
| Eyes: | Hair: | Court NCIC No. | |

**The Court Clerk Submits to:** Dept. of Licensing, Business & Professions Firearms Unit, [firearms@dol.wa.gov](mailto:firearms@dol.wa.gov) (PO Box 9649, Olympia, WA 98507-9649), and to the National Instant Criminal Background Check System (NICS).