

# WEAPONS SURRENDER PROCEDURE

## Extreme Risk Protection Order

**Within 24 hours, you must surrender all deadly weapons** (any instrument, article or substance specifically designed for and presently capable of causing death or serious physical injury, and any firearm) in your custody, control, or possession to a local law enforcement agency, a gun dealer, or an eligible third party who may lawfully possess the deadly weapons. **You must also surrender any concealed handgun license issued to you (Respondent) to the Clackamas County Sheriff within the same 24-hour period.**  
**AND, within 2 court (business) days, you must file the appropriate Declaration(s) and Proof Of Transfer** (if applicable) with the Circuit Court In Clackamas County **WHETHER OR NOT YOU HAVE FIREARMS OR AMMUNITION.**

**IMPORTANT: FAILURE TO COMPLY WITH ANY PART OF THE PROTECTION ORDER OR WEAPONS SURRENDER PROCEDURE MAY RESULT IN CONTEMPT CHARGES, CRIMINAL PENALTIES, AND/OR A WARRANT ISSUED FOR YOUR ARREST WITHOUT FURTHER NOTICE.**

### SELECT ONE OF THE FOLLOWING METHODS TO SURRENDER YOUR WEAPONS:

- To Law Enforcement at the time you are served.**
- To a Law Enforcement Agency or Gun Dealer within 24 hours of being served** (see page 2 for law enforcement agency contact information).
  - Call ahead to receive specific instruction about how to transfer your unloaded firearms and whether they will also accept your ammunition.
  - You will be issued a proof of transfer form identifying your name, the date on which firearms were transferred, and the serial number, make and model of each firearm transferred. You will need to file this with your *Declaration* as directed below.
- To an eligible third party within 24 hours of being served.**
  - The third party must not reside with you. You must arrange for an Oregon State Police criminal background check on the third party before you transfer your firearms. To arrange for the background check, you must contact a licensed gun dealer. A fee applies. The third party must complete the *Proof of Firearms Transfer* and the *Third-Party Recipient's Declaration* forms provided to you. You will need to file these with your *Declaration* as directed below.
  - Transfer through a gun dealer (background check) is not required if the person you are transferring firearm(s) to is legally able to possess/control the firearm(s), is not the Petitioner in a protection order that restricts you, and is related to you by one of the following ways:

Your current spouse/domestic partner	Your parent or stepparent
Your child or stepchild	Your sibling
Your grandparent	Your grandchild
Your aunt or uncle	Your niece or nephew
Your first cousin	Spouse/domestic partner of any of the people listed above

The **Firearms Declarations and Proof of Transfer** are included in your service packet. They are also available at the courthouse Information Center or online at:

<https://www.courts.oregon.gov/courts/clackamas/help/Pages/firearm-surrender-program.aspx>

**LAW ENFORCEMENT AGENCY CONTACT INFORMATION**

<p><b>Canby Police</b> 503-266-1104 Firearms &amp; Ammunition</p>	<p><b>Gladstone Police</b> 503-557-2793 to schedule Firearms Prefer no ammunition</p>	<p><b>Lake Oswego Police</b> 503-635-0250 Firearms only No Ammunition Must live in Lake Oswego</p>
<p><b>Milwaukie Police</b> 503-786-7500 to schedule Firearms only No ammunition Must live in Milwaukie</p>	<p><b>Oregon City Police</b> 503-655-8211, option 1 Call to schedule appointment Firearms only Prefer no ammunition Must live in Oregon City</p>	<p><b>Sandy Police</b> 503-668-5566 Will only take surrendered firearms to be <b>destroyed</b></p>
<p><b>West Linn Police</b> 503-655-6214 Will only take surrendered firearms and ammunition to be <b>destroyed</b> Must live in West Linn</p>	<p><b>Clackamas County Sheriff</b> 503-655-8211, option 1 Call to schedule appointment Must live in Clackamas County</p>	<p><b>Oregon State Police</b> 503-731-3020 Call to schedule appointment Firearms &amp; Ammunition</p>
<p><b>Portland Police Bureau</b> Central Precinct 1111 SW 2nd Ave. Portland, Oregon 97204 24 hours/7 days a week 503-823-0097</p>	<p><b>Portland Police Bureau</b> Property &amp; Evidence Division 2619 NW Industrial Way Portland, Oregon 97210 9 AM – Noon &amp; 1 – 4 PM, M-F 503-823-2179</p>	<p><b>Multnomah County Sheriff's Office</b> 234 SW Kendall Ct Troutdale, OR 97060 Call 503-988-0373</p>
<p><b>Happy Valley Police</b> 503-655-8211, option 1 Call to schedule appointment Firearms &amp; Ammunition Need to bring a copy of protective order Must live in Happy Valley</p>	<p><b>Metro South Transfer Station</b> 503-234-3000 Will <b>destroy</b> ammunition; no appointment needed unless it is a large amount of ammo</p>	

**REQUESTING RETURN OF FIREARMS AND WEAPONS**

The firearm/ammunition ban ends when the protection order expires, or earlier if dismissed by court order. **The law requires you to have a background check done on yourself** before law enforcement, a dealer, or a third party returns your firearms or ammunition to you.

Please contact the concealed handgun licensing unit of your county sheriff's office for information on how to reapply for a concealed handgun license.

You can find additional information about **return of surrendered deadly weapons in ORS 166.540**.

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS

In the Matter of:

Case No: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**RESPONDENT'S DECLARATION  
(FIREARMS/WEAPONS SURRENDER)**

**Declaration**

I am the Respondent in this case. I am subject to a court order to surrender deadly weapons, firearms and any concealed handgun license issued to me.

*Mark the applicable paragraph below completely:*

**1.  No Deadly Weapons/Firearms**

I had no deadly weapons and/or firearms in my possession at the time of the court's order. I do not currently own, possess, or have in my custody or control any deadly weapons or firearms.

**2.  Surrender of Deadly Weapons/Firearms** All deadly weapons and/or firearms in my possession have been transferred to:

A **law enforcement agency** as named on the attached *Proof of Firearms Transfer* (attach *Proof* to this *Declaration*).

A **gun dealer** as named on the attached *Proof of Firearms Transfer* (attach *Proof* to this *Declaration*).

A **third party** named, \_\_\_\_\_ (print name).  The third party is not the Petitioner in any protection case against me and may legally possess firearms.

The third party has completed the *Third Party Recipient's Declaration of Firearms Receipt*, which I am filing with the Court along with this *Declaration* (both forms MUST be turned in to comply with the Order).

*Fill out section a or b below as it applies below:*

- a.  A gun dealer has conducted a background check on the third party, and the Department of State Police have approved the transfer. **IMPORTANT:** The approval number from Department of State Police must be included on the third party's *Declaration*.
- b.  A background check on the third party is not required by the Oregon Firearms Safety Act because he/she is :
- |   |  |
|---|--|
| <input type="checkbox"/> My current spouse/domestic partner | <input type="checkbox"/> My parent or stepparent                                       |
| <input type="checkbox"/> My child or stepchild              | <input type="checkbox"/> My sibling  |
| <input type="checkbox"/> My grandparent                     | <input type="checkbox"/> My grandchild   |
| <input type="checkbox"/> My aunt or uncle                   | <input type="checkbox"/> My niece or nephew  |
| <input type="checkbox"/> My first cousin                    | <input type="checkbox"/> The Spouse/domestic partner of any of the people listed above |

3.  I am asserting my constitutional right against self-incrimination. I decline to make any statement about firearms.

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

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Respondent's Signature

Date

Printed Name

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Contact Address

City, State, Zip

Phone Number



IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS

In the Matter of:

Case No: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**THIRD PARTY RECIPIENT'S  
DECLARATION OF FIREARMS  
RECEIPT**

**NOTICE TO RECIPIENT**

You are subject to criminal and/or civil penalties if:

- You allow Respondent/Defendant access to deadly weapons or firearms during the time they are prohibited from possession
- You are subject to any court order prohibiting you from possessing firearms or ammunition

**Declaration**

I, (full name) \_\_\_\_\_ received firearms and/or ammunition surrendered by the respondent named above.

**By my initials here \_\_\_\_\_ I swear to the court that all the following statements are true:**

- I am aware that Respondent/Defendant is subject to a court order to surrender all deadly weapons and firearms is prohibited from possessing deadly weapons and firearms
- I am not a law enforcement officer or gun dealer or am not acting in my official capacity as a law enforcement officer or gun dealer
- I do not live with Respondent
- I completed a Proof of Transfer listing the deadly weapons and/or firearms that Respondent surrendered to me
  
- **Required:** I passed a background check by a law enforcement agency or gun dealer.

The OSP background check number is: \_\_\_\_\_,

**or** I am not required to have a background check because I am the respondent's (check one):

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Spouse/domestic partner                                 | <input type="checkbox"/> Parent/Stepparent | <input type="checkbox"/> Child/Stepchild |
| <input type="checkbox"/> Grandparent   | <input type="checkbox"/> Grandchild        | <input type="checkbox"/> Aunt or Uncle   |
| <input type="checkbox"/> Niece or Nephew   | <input type="checkbox"/> First cousin      |  |
| <input type="checkbox"/> Spouse or Domestic Partner of any person listed a above |  |  |

**I hereby declare that the above statements are true to the best of my knowledge and belief. I understand they are made for use as evidence in court and I am subject to penalty for perjury.**

\_\_\_\_\_  
Third Party's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Contact Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number