

South 7th Street, Suite 400M, P.O. Box 19461, Springfield, IL 62794-9461. The Circuit Clerk shall give a receipt to the Respondent and make an entry in the court document reflecting the forwarding of the FOID card to the Illinois State Police Firearms and Information Resources Bureau.

6. Upon the return or destruction of a firearm or weapon, the receiving agency shall complete and return a firearm disposition report to the Clerk of the Court in a form similar to Appendix B of this Order.

DATE: _____

JUDGE

To the Circuit Clerk:

The Circuit Clerk shall take the following steps:

- Send a copy of this Order to _____ law enforcement agency.
- Send a copy of this Order to the _____ State's Attorney's Office.
- Upon receipt of FOID card, send the FOID card and a copy of this Order to the Illinois State Police Firearms and Information Resources Bureau. (See paragraph 5 of this Order).
- Complete the Circuit Clerk's section on the next page within one working day of the date stated in paragraph 3 of this Order.

To Above Law Enforcement Agency: Law Enforcement to complete this section

The above referenced Respondent has been ordered to surrender all firearms and weapons to your Department by the date listed above. Notify the Clerk of the Circuit Court within 24 hours of the turn over date regarding Respondent's compliance by faxing or mailing this completed form to the _____ Circuit Clerk, _____, _____, Illinois _____, fax: _____.

On _____, at _____ A.M./P.M., Respondent surrendered the following
(date) (time)
firearms and weapons:

Respondent has not surrendered any firearms or weapons to this Department.

Date: _____

Signature: _____

Print Name: _____

Department: _____

To the Circuit Clerk:

On _____, at _____ A.M./P.M., Respondent surrendered his/her
(date) (time)
FOID card.

Respondent has not surrendered his/her FOID card to this office.

Date: _____

Signature: _____

Print Name: _____

_____ Circuit Clerk

FIREARM/WEAPONS INVENTORY/RECIPT (Appendix A)

Date: _____

Time: _____

Respondent: _____

Case Number: _____

Who turned weapons in: _____

Location Received: _____

Received By: _____

Agency: _____

For each item received, please list the property, any identifying information (including serial numbers), conditions and any flaws.

Item	Description, with serial number	Condition	Other, including list of any damage if received in damaged condition
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	

Please attach a second page if there is more property. Send copy of receipt to Circuit Clerk for entry in court file.

FIREARM/WEAPONS DESTRUCTION/RELEASE (Appendix B)

Date: _____

Time: _____

Respondent: _____

Case Number: _____

Who turned weapons in: _____

Agency: _____

For each item destroyed or released, please list the property, any identifying information (including serial numbers), conditions and any flaws.

Item	Description, with serial number	Condition	Other, including list of any damage if returned in damaged condition
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	
		<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> damaged	

Date: _____

Released to: _____

Time: _____

Released/destroyed by: _____

Place: _____

Signature of Office if destroyed: _____

Please attach a second page if there is more property. Send copy of receipt to Circuit Clerk for entry in court file.