

IN THE CIRCUIT COURT OF ILLINOIS
_____ JUDICIAL CIRCUIT
COUNTY OF _____

PEOPLE OF THE STATE OF ILLINOIS,)
)
) Plaintiff)
)
vs.) No.)
)
) Defendant)
)

**SUPPLEMENTAL ORDER ON CONDITIONS OF BOND: FIREARMS
(To be used with bail bond Order)**

The Defendant, _____, shall comply with the following:

1. Defendant shall refrain from possessing a firearm or other dangerous weapon.
2. By _____, at _____ A.M./P.M., all firearms and weapons owned
(date) (time)
and/or possessed by Defendant shall be surrendered to _____
(name of Sheriff or local law
enforcement agency), located at _____
(address of agency)
_____. Said agency shall take custody of
and impound said firearms and weapons until further order of Court. In addition, said agency
shall inventory all firearms and weapons in a form similar to Appendix A of this Order and
shall provide a copy to the Defendant.
3. By _____, at _____ A.M./P.M., Defendant shall surrender
his/her Firearm Owner's Identification (FOID) Card to the Circuit Clerk of
_____ County, _____, _____,
(street address) (town)
Illinois.
4. Upon receipt of the Defendant's FOID card, the Circuit Clerk shall mail the card and a copy
of this Order to the Illinois State Police Firearms and Information Resources Bureau at 801
South 7th Street, Suite 400M, P.O. Box 19461, Springfield, IL 62794-9461. The Circuit Clerk
shall give a receipt to the Defendant and make a notation in the court docket.
5. No later than one working day after the date provided in paragraph three, the Circuit Clerk
shall notify the Court and State's Attorney's Office of compliance with paragraphs two and

three of this Order by completing and providing copies of the following page along with a copy of the receipt in a form similar to Appendix B of this Order.

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 Above Law Enforcement Agency:

The above referenced Defendant 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 Defendant's compliance by faxing or mailing this completed form to the _____ Circuit Clerk, _____, _____, Illinois _____, fax: _____.

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

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

Date: _____

Signature: _____

Print Name: _____

Department: _____

TO BE COMPLETED BY CIRCUIT CLERK:

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

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

Date: _____

Signature: _____

Print Name: _____

_____ Circuit Clerk

FIREARM/WEAPONS INVENTORY/RECIPT (Appendix A)

Date: _____

Time: _____

Defendant: _____

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: _____

Defendant: _____

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: _____