

**Receipt for Firearms, Firearm Parts,  
Ammunition, and Magazines***Clerk stamps date here when form is filed.**Fill in court name and street address:*

Superior Court of California,  
County of Sacramento  
| Mental Health Diversion/Criminal  
Division  
720 9th Street  
Sacramento, CA 95814

*Court fills in case number when form is filed.*

Case Number:

**① Mental Health Diversion Participant / Defendant**

a. Your Name: \_\_\_\_\_

b. Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## c. Your Lawyer

*(Check here if represented by the Public Defender and skip C)* ☐

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

**② To the Prohibited Person:**

If a judge has ordered you to turn in, sell, or store your firearms (guns), firearm parts, and ammunition, use this form to prove to the judge that you have obeyed their orders. Take this form to a law enforcement officer or a licensed gun dealer to complete ④ or ⑤. For more information on how to properly turn in your items, contact your attorney or the court.

**③****To Law Enforcement**

(Complete the section below. Keep a copy and give the original to the person in ①.)

Name of Law Enforcement Agency: \_\_\_\_\_

Name of Law Enforcement Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Items Surrendered**

## a. Firearms, firearm parts, and ammunition transferred on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

## b. List of items. (List all the items surrendered by the person in ② You may attach a separate form from your agency (e.g., a property report), use ⑤ or both.) Check below if you have attached a separate form:

☐ Separate form is attached. (If it does not include all surrendered items, list additional items in ⑥)

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

► Signature of law enforcement agent and  
badge number

\_\_\_\_\_



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**To Licensed Gun Dealer**

(Complete the section below. Keep a copy and give the original to the person in ①)

Name of Licensed Gun Dealer: \_\_\_\_\_

License number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Items Stored or Sold**

a. Firearms, firearm parts, and ammunition transferred on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

b. List of items. (List all the items surrendered by the person in ① You may attach a separate form (e.g., DOJ's Report of Firearm Acquisition), use ⑤ or both.) Check below if you have attached a separate form:

☐ Separate form is attached. (If it does not include all surrendered items, list additional items in ⑥)

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.



Signature of licensed gun dealer \_\_\_\_\_

⑤ ☐ List of Items Surrendered

a. Firearms and firearm parts

	Make	Model	Serial Number, if there is one	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Ammunition

	Brand	Type	Amount	Sold	Stored	To be destroyed
(1)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Check here if there is not enough space above for your answer. Use a separate sheet of paper to list other items and attach it to this form. Use "FR-120, List of Surrendered Items" as a title.

6 To the Mental Health Diversion Participant:

Besides the items listed on page 2 or in an attached form, do you have or own any other firearms (guns), firearm parts, or ammunition?

☐ No

☐ Yes (If yes, check one of the boxes below:)

a. ☐ I filed a *Receipt for Firearms, Firearm Parts, and Ammunition* (form FR-120) or other proof for those items with the court on (date): \_\_\_\_\_

b. ☐ I am filing the proof for those firearms (guns), firearm parts, or ammunition along with this proof.

c. ☐ I have not yet filed the proof for the other firearms (guns), firearm parts, or ammunition. (Explain why not):

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Your signature

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print your name



\_\_\_\_\_  
Sign your name

Your Next Steps:

- After this form is complete, provide the original to probation.
- Probation will provide the form to the Court at your next MHD progress hearing.
- Keep a copy for your records.