Court of Washington, County/City of _____

_____ Petitioner DOB vs. _____ Respondent/Defendant DOB	**No.:** _____ **Declaration of Protected Person about Weapons Surrender** **(DCLR)**

Defendant/Restrained Person filed a:

[ ] *Proof of Surrender* [ ] *Declaration of Non-Surrender* [ ] Unknown

I want the court to know the following about Defendant/Restrained Person's compliance or non-compliance with weapons surrender.

_____

_____

_____

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_____

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_____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed on: *(date)* _____ at *(city)* _____, Washington.

_____ _____

Signature of Protected Person Print Name