

**DOMESTIC VIOLENCE INJUNCTION
WEAPONS INFORMATION**

1. Does the Respondent have any weapons? ☐ Yes ☐ No
2. If so, what kind of weapons?

3. How many of each?

4. Where are these weapons located?

5. Do you have access to these weapons? ☐ Yes ☐ No
6. Does the Respondent have access to these weapons? ☐ Yes ☐ No
7. Does he/she have any weapons located outside the home? ☐ Yes ☐ No
8. Where are these weapons located?

9. Do any of the weapons in the home belong to someone else? ☐ Yes ☐ No
10. Other important information regarding weapons:

Petitioner's Signature

Date