

STATE OF MAINE
APPLICATION FOR WEAPONS RESTRICTION ORDER
34-B MRS § 3862-A

Name (First, middle, last): _____

AKA _____

Address _____

DOB (mm/dd/yyyy): _____ Sex: _____

Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars, marks, tattoos _____

Driver's license # _____ Social Security # _____

Section 1. Application by Law Enforcement

A. Officer [Print name and rank] _____

Officer Contact Information _____

Agency and ORI _____

Agency Case # _____

B. On _____ at _____, law enforcement took the person named above into protective custody pursuant to 34-B MRS § 3862 based on the probable cause outlined in Appendix 1 of this Application.

C. Location where person taken into custody: _____

D. I believe that the person named above possesses, controls or may acquire a dangerous weapon(s) based on the probable cause outlined in Appendix 1 of this Application.

E. Description and location of weapon(s), if known:

_____ Signature of Officer	_____ Date
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Section 2. Assessment by Medical Provider

A. Medical Practitioner (Print name): _____

License (Select one): MD DO PA NP RN,CS Psych, PhD.

Practitioner Contact Information: _____

Physical Address _____

B. I have found that _____ presents a likelihood of foreseeable harm within the meaning of 34-B MRS § 3862-A(1).

Likelihood of foreseeable harm means a substantial risk in the foreseeable future of serious physical harm to the person as manifested by recent behaviors or threats of, or attempts at, suicide or serious self-inflicted harm; or a substantial risk in the foreseeable future of serious physical harm to other persons as manifested by recent homicidal or violent behavior or by recent conduct or statements placing others in reasonable fear of serious physical harm.

The likelihood of foreseeable harm is based on the following (attach additional statement as needed):

C. Location of person at time of assessment _____

Check if telemedicine

D. Referral for treatment or services

Inpatient

Voluntary Hospitalization

Involuntary Hospitalization pursuant to 34-B MRS § 3863

Outpatient

E. Other Medical Professionals consulted, if any (Name, License, Contact Info)

_____ Signature of Medical Practitioner	_____ Date
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Section 3. Judicial Endorsement

A. The law enforcement officer identified in Section 1 above has stated that _____ was taken into protective custody pursuant to 34-B MRS § 3862, and that the officer has probable cause to believe that _____ possesses, controls, or is likely to acquire a dangerous weapon(s).

B. The medical practitioner identified in Section 2 above has found that _____ presents a likelihood of foreseeable harm within the meaning of 34-B MRS § 3862-A.

C. Based on the above, and pursuant to 34-B MRS § 3862-A(4), I endorse this application and find that _____ is a restricted person pursuant to 34-B MRS § 3862-A(1)(K). This endorsement authorizes law enforcement to notify the restricted person as soon as possible, but no later than 24 hours from the time of this endorsement (1) that the person is prohibited from possessing, controlling, acquiring or attempting to acquire a dangerous weapon pending the outcome of a judicial hearing, (2) that the person must immediately and temporarily surrender any weapons possessed, controlled, or acquired by the person to a law enforcement officer who has authority in the jurisdiction in which the weapons are located pending the outcome of a judicial hearing, and (3) that the person has a right to a judicial hearing within 14 days of notice.

_____ (Printed Name of Judicial Officer)	Superior Court Justice/District Court Judge/Judge of Probate/Justice of the Peace
_____ (Signature)	_____ (Date and Time)

Transmit this Application with signed judicial endorsement to the Department of Public Safety by email RCC.Bangor@maine.gov or fax (207) 941-8531.
 Confirm receipt by calling (207) 973-3700, Option 9.

Transmitted to DPS on _____ (Date)	at _____ (Time)	by _____
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