**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

1. Officer [Print name and rank]

Officer Contact Information

Agency and ORI

Agency Case #

1. 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.
2. Location where person taken into custody:
3. 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.
4. Description and location of weapon(s), if known:

Signature of Officer Date

Section 2. Assessment by Medical Practitioner

1. Medical Practitioner (Print name): License (Select one): MD DO PA NP RN, CS Psych, PhD.

Practitioner Contact Information: Physical Address:

1. My opinion is that is a mentally ill person within the meaning of 34-B MRS § 3801(5) as a person having a psychiatric or other disease that substantially impairs that person's mental health or creates a substantial risk of suicide, including persons suffering effects from the use of drugs, narcotics, hallucinogens, or alcohol or other intoxicants. The patient is exhibiting the following symptoms (attach additional statement as needed):
2. My opinion is that because of this illness,

poses a likelihood of

foreseeable harm within the meaning of 34-B MRS § 3862-A(1)(G) as follows (check as applicable):

* 1. � The individual presents a substantial risk in the foreseeable future of serious physical harm to self as manifested by recent threats of, or attempts at, suicide or serious self-inflicted harm.
  2. � The individual presents 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 placing others in reasonable fear of serious physical harm.

D. The likelihood of foreseeable harm is based on the following recent behaviors or threats (attach additional statement as needed):

1. Location of person at time of assessment

Check if telemedicine

1. Referral for treatment or services Inpatient

Voluntary Hospitalization

Involuntary Hospitalization pursuant to 34-B MRS § 3863 Outpatient

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

Signature of Medical Practitioner Date

Section 3. Judicial Endorsement

* 1. The law enforcement officer identified in Section 1 above has stated that

was taken into protective custody pursuant to 34-B M.R.S.

§ 3862, and that the officer has probable cause to believe that possesses, controls, or is likely to acquire a dangerous weapon(s).

* 1. The medical practitioner identified in Section 2 above has found that

is a mentally ill person within the meaning of 34-B M.R.S.

§ 3801(5) and poses a likelihood of foreseeable harm within the meaning of 34-B

M.R.S. § 3862-A.

* 1. 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.



Superior Court Justice/District Court Judge/Judge of Probate/Justice of the Peace

(Printed Name of Judicial Officer)

(Signature)

(Date and Time)

**METRO Entering Agency must enter information in METRO upon judicial endorsement. Transmit Application with signed judicial endorsement to the District Attorney’s Office with jurisdiction over the restricted person’s place of residence.**

METRO Entry made on at by .

(Date) (Time)

Transmitted to DA’s Office on at by

(Date) (Time)