

Notice to Law Enforcement Agency: Release of Person From Hospital From Whom a Firearm or Other Deadly Weapon Was Confiscated

Name of Law Enforcement Agency which confiscated the weapon(s):

Address of Law Enforcement Agency which confiscated the weapon(s):

This notice is given to you as required by Welfare and Institutions Code Section 8102(b).

(name of patient) _____ was released on (date) _____.

This patient was provided the required notice regarding the procedure to obtain return of a confiscated weapon(s).

Date: _____ Time: _____ AM / PM

Signature: _____
(patient)

Print name: _____
(patient)

A COPY OF THIS FORM MUST BE PLACED IN THE MEDICAL RECORD.

