

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

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

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

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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.**

