

**APPLICATION FOR RISK PROTECTION ORDER
INVESTIGATION, ORDER, RETURN**

JD-CR-198 New 6-22
P.A. 21-67 § 1

STATE OF CONNECTICUT
**JUDICIAL BRANCH
SUPERIOR COURT**
www.jud.ct.gov



**This form is available
in other language(s).**

**For information on ADA accommodations,
contact a court clerk or go to: www.jud.ct.gov/ADA.**

Instructions to applicant

1. Complete the Application, swear to the contents, and sign it before a Clerk, Notary Public, Commissioner of the Superior Court, or other proper officer.
2. Also complete the Affidavit for Risk Protection Order Investigation (JD-CR-199).
3. File this completed Application and the completed Affidavit (JD-CR-199) with the clerk of any GA court.

Instructions to Clerk

1. Upon receipt of an Application and the accompanying Affidavit (JD-CR-199), submit them to a Judge for consideration.
2. If the Judge grants the Application, immediately notify the Justice Support Unit and the appropriate law enforcement agency.
3. If the law enforcement agency is in another GA, also forward a copy of this Application to the GA court in which the law enforcement agency is located.
4. If the law enforcement agency finds, after investigation, no probable cause to believe the subject of the investigation poses a risk, submit the Law Enforcement Agency Notice to the Court to a Judge for the order to remove or cancel the NICS entry.

TO: The Superior Court of the State of Connecticut

GA number	Address of court		Docket number (For Court Use Only)
Name of applicant		Address of applicant	Phone number of applicant
Name of person allegedly posing risk		Address of person allegedly posing risk	Phone number of person allegedly posing risk
Date of birth	Sex	Race	Other identification information (SSN, SPBI number)

Application and Affidavit for Risk Protection Order Investigation

I, the applicant listed above, state under oath that I am a family or household member of the person allegedly posing a risk listed above, or I am that person's medical professional. (Select one)

<input type="checkbox"/> Family member A person who is 18 years or older who is a: (Select one) <input type="checkbox"/> Current spouse <input type="checkbox"/> Parent or step-parent <input type="checkbox"/> Child or step-child <input type="checkbox"/> Sibling or step-sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Mother- or father-in-law <input type="checkbox"/> Son- or daughter-in-law <input type="checkbox"/> Brother- or sister-in-law	<input type="checkbox"/> Household member A person who is 18 years or older who: (Select one) <input type="checkbox"/> Currently lives with the person <input type="checkbox"/> Has a child in common with the person <input type="checkbox"/> Is dating or is an intimate partner with the person <input type="checkbox"/> Is a legal guardian or former legal guardian of the person
<input type="checkbox"/> Medical professional A person who has examined the person and is a: (Select one) <input type="checkbox"/> Physician or Physician Assistant <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Psychologist <input type="checkbox"/> Clinical Social Worker	

I also state that the person allegedly posing a risk listed above:

1. Holds a permit to carry a pistol or revolver: Yes No I don't know
2. Holds an eligibility certificate for a pistol or revolver: Yes No I don't know
3. Holds long gun eligibility certificate: Yes No I don't know
4. Holds an ammunition certificate: Yes No I don't know
5. Currently possesses (has) one or more firearms, ammunition, or deadly weapons (meaning any weapon from which a shot may be discharged, or a switchblade knife, gravity knife, billy, blackjack, bludgeon, or metal knuckles) Yes No I don't know

If yes, list what kinds of:

- Firearm(s): _____
- Ammunition: _____
- Deadly Weapon(s): _____

If yes, also list the address and specific location where the firearm(s), deadly weapon(s), or ammunition are located, if known:

Therefore, I ask the court to order a Risk Protection Order Investigation to determine whether the person listed above poses a risk of imminent personal injury to himself, herself, or another person.

I certify that the information stated in this application is true to the best of my knowledge and belief.

Signature of applicant	Print name	Date
Subscribed and sworn to before me	Signed (Clerk, Notary, Commissioner of the Superior Court)	Print name
		Date

Name of person allegedly posing risk	Address of person allegedly posing risk	Phone number of person allegedly posing risk
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Order of the Court

After reviewing the attached Application and the accompanying Affidavit (JD-CR-199), the court finds that: *(Select one)*

- There **is not** a good faith belief that the person allegedly posing a risk listed in this application poses a risk of imminent personal injury to himself, herself, or another person and denies this application.
- There **is** a good faith belief that the person allegedly posing a risk listed in this application poses a risk of imminent personal injury to himself, herself, or another person, and grants this application. The court further orders the law enforcement agency for the town in which the person resides to immediately conduct a Risk Protection Order Investigation.
- The applicant is not a family or household member or medical professional eligible to apply for a Risk Protection Order Investigation and denies this application.

If the law enforcement agency determines that there is probable cause to believe the person poses a risk of imminent personal injury to himself, herself, or another person, the court further orders the law enforcement agency to seek a Risk Protection Order and to complete and return to the court the Notice section below within 24 hours, or as soon thereafter as is practicable, after receiving this order.

If the law enforcement agency determines, after the Risk Protection Order Investigation, that there is no probable cause to believe that the person poses a risk of imminent personal injury to himself, herself, or another person, the court orders the law enforcement agency to complete and return to the court the Notice section below within 48 hours, or as soon thereafter as is practicable, after receiving this order.

Signed <i>(Judge)</i>	Print name	Date
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Law Enforcement Agency Notice to the Court

GA number	Address of court	Docket number
Name of person allegedly posing risk	Address of person allegedly posing risk	Phone number of person allegedly posing risk

Under the authority of the attached order for a Risk Protection Order Investigation, I, the officer signing below, conducted an investigation to determine whether the person listed above poses a risk of imminent personal injury to himself, herself, or another person.

After my investigation, I have determined that there: *(Select one)*

- Is probable cause to believe that the person listed above poses a risk of imminent personal injury to himself, herself, or another person, and I will be seeking a Risk Protection Order for them.
- Is no probable cause to believe that the person listed above poses a risk of imminent personal injury to himself, herself, or another person, and I will not be seeking a Risk Protection Order for them.

Signature of officer conducting investigation	Print name	Title
Name of law enforcement agency	Police case number <i>(Judge, Assistant Clerk)</i>	Date

Order of the Court *(if law enforcement agency found no probable cause)*

After receiving notice that the law enforcement agency found, after an investigation, that there is no probable cause to believe that the subject of the order poses a risk of imminent personal injury to himself, herself, or another person, the court orders the clerk to **immediately remove or cancel any record entered into the National Instant Criminal Background Check System** associated with this Risk Protection Order Investigation.

Signed <i>(Judge, Assistant Clerk)</i>	Print name	Date
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