



Massachusetts Trial Court: ERPO Petition Packet

Under Chapter 140, sections 131R – 131Y of the Massachusetts General Laws, judges can issue orders to remove firearms, ammunition, firearms identification (FID) cards, and/or license to carry (LTC) firearms from people who pose a risk of bodily injury to themselves or others.

You can apply for an order at most courthouses (Boston Municipal Court or District Court) Monday through Friday from 8:30 AM – 4:30 PM. When you submit your application, a judge will hold a hearing about the application as soon as possible. **In an emergency** that happens after court hours, on weekends, or on holidays, you may ask your local police department to call a judge for you.

A request for an Extreme Risk Protection order (ERPO) is a request for a civil order. It requires the Respondent to surrender their firearms and ammunition, firearm identification (FID) card, and license to carry (LTC) firearms. It also prevents the Respondent from being given a firearm identification (FID) card or license to carry (LTC) firearm.

An Extreme Risk Protection Order **does not** direct the Respondent to refrain from abusing or contacting a person, to stay away from a person or place, or to receive treatment for mental health purposes or an alcohol or substance use disorder. If you think such an order may be necessary, you can talk to the court staff for informational resources about other types of orders that may be available.

Below is a list of forms included in this packet. Each form should be completed following the instructions for that form.

- Petition for Extreme Risk Protection Order (ERPO)
- Affidavit in Support of Extreme Risk Protection Order (ERPO)
- Petitioner Confidential Information Form
- Respondent Information Form

Filing Information

Filing for an order is free. There is no filing fee.

These materials will help you prepare for your hearing. You may fill these out before you got to or at the courthouse, but you must either submit the forms in person or talk to the court staff first to apply for an order. Court staff will instruct you on how to submit your documents.

Confidentiality of the Case Records

Members of the public will generally be able to see the court records. If you have reasons to ask the judge to keep parts of the court record confidential, you may submit a written request (a “motion”) asking the judge to do so.

Please Note: Your address will appear on the order, and the person whom you are seeking the order against will be able to see it. You may ask the judge to keep your address information off the order, and you may be required to submit a written request (a “motion”) asking that your address be kept off the order.

Language Resources

Interpreters are available at no cost. Please tell the court if you need language help when you apply for an order. Translated copies of this ERPO Petition Packet are for reference only, and English forms must be submitted to the court.



Important Terms to Know

- The **petitioner** is the person seeking the Extreme Risk Protection Order (ERPO).
- The **respondent** is the person believed to pose a risk of bodily injury to themselves or others because they possess firearms, ammunition, a firearms identification (FID) card, or license to carry (LTC) firearms.
- Under G.L. c. 140, § 121, a **firearm** is a stun gun, pistol, revolver, shotgun, sawed-off shotgun, large capacity firearm, assault-style firearm, or machine gun designed to or easily converted to expel a shot or bullet. It includes the finished or unfinished frame or receiver of a firearm.

These are the Forms You Must File with the Court

- **Petition for Extreme Risk Protection Order (ERPO)**

- This form asks questions about the respondent's access to firearms and if there is a risk they will cause bodily injury to themselves or others. The form also asks about your eligibility as a petitioner and if you know of other court matters involving the respondent.

- **Affidavit in Support of Extreme Risk Protection Order (ERPO)**

- This form asks you to describe in detail any information you have relating to firearms and ammunition and the Respondent. The judge needs as much information as possible about what items the respondent has, what any firearms or ammunition looks like, where you last saw any firearms or ammunition, and why you believe the respondent poses a risk of bodily injury to themselves or others. Also describe any history of mental illness the Respondent may have, with as much of the above detail as possible.


Please Note: Unless the court allows a Motion for Impoundment, this affidavit will be public record, including any names or addresses included in the affidavit. A Motion for Impoundment is a written request to the court asking to keep certain information out of the public record. If you have questions about how to file a Motion for Impoundment, please ask the court staff.

- **Petitioner Confidential Information Form**

- This form asks for your contact information. The court needs to be able to communicate with you to let you know when the hearing on your petition will be held. You will need to participate in the hearing. Your contact information is kept confidential. This means that it is not available to the public, the defendant, or the defendant's attorney. Except with special permission from a judge, the answers you give on this form are only available to you, your attorney, to the licensing authority of the municipality where the respondent resides (lives) and to law enforcement officers, if such access is necessary in the performance of their duties.

- **Respondent Information Form**

- This form asks questions about the defendant. These questions are important because they help the police know what the respondent looks like and how to locate the respondent. This is important because the police must give the respondent a copy of any order issued by the judge.

PETITION FOR EXTREME RISK PROTECTION ORDER G.L. c. 140, § 131R		DOCKET NO.	Massachusetts Trial Court 
COURT DEPARTMENT <input type="checkbox"/> Boston Municipal Court <input type="checkbox"/> District Court		COURT DIVISION	
NAME OF PETITIONER (<i>person seeking order</i>)		NAME AND ADDRESS OF RESPONDENT	
<input type="checkbox"/> If this box is checked, this is a renewal petition.			
PETITIONER'S ELIGIBILITY			
I am an eligible petitioner under G.L. c. 140, § 121 because: (<i>select all that apply</i>):			
<input type="checkbox"/> I am currently or was married to the Respondent		<input type="checkbox"/> I am the licensing authority of the municipality where the Respondent lives.	
<input type="checkbox"/> I am currently or was engaged to the Respondent		<input type="checkbox"/> I am a law enforcement officer or represent a law enforcement agency. I have interacted with the Respondent in an official capacity within the past 30 days.	
<input type="checkbox"/> I am currently or was dating the Respondent		<input type="checkbox"/> I am a healthcare provider. I have provided health care services to the Respondent within the past 6 months.	
<input type="checkbox"/> The Respondent and I are or will be the parents of one or more children together		<input type="checkbox"/> I am a principal or assistant principal of an elementary or secondary school where the Respondent is enrolled.	
<input type="checkbox"/> I am or was related to the Respondent by blood or marriage; specifically, the Respondent is my (<i>relationship to me</i>):		<input type="checkbox"/> I am an administrator of a college or university where the Respondent is enrolled.	
RESPONDENT'S FIREARMS INFORMATION			
Does the Respondent have a firearm identification card (FID) or license to carry (LTC) firearms?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know			
Do you believe that the Respondent currently controls, owns, or possesses firearms or ammunition?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know			
Do you believe that the Respondent poses a risk of causing bodily injury to themselves or others if they control, own , or possess firearms or ammunition, or if they have a firearm identification (FID) or license to carry (LTC) firearms?			
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know			
OTHER COURT MATTERS			
I believe that there is, either in Massachusetts or another jurisdiction (<i>only check if this applies</i>):			
<input type="checkbox"/> An abuse prevention order (restraining order) in effect against the Respondent			
<input type="checkbox"/> A harassment prevention order in effect against the Respondent			
<input type="checkbox"/> A pending legal action between me and the Respondent, specifically:			
SIGNATURE			
DATE	PRINTED NAME	SIGNATURE	
Note to Petitioner: This petition requests the court to issue a civil order to the Respondent. The order will require the Respondent to surrender their firearms and ammunition, firearm identification card, and license to carry firearms. The order will also prevent the Respondent from getting a firearm identification (FID) card and license to carry (LTC) firearms. If the court issues an order and the Respondent violates it, the Respondent may face criminal penalties.			
FOR COURT USE ONLY			
<input type="checkbox"/> Petition denied <input type="checkbox"/> Petition denied because Petitioner ineligible (<i>transmit Petition to Police Department where Respondent lives</i>)			
<input type="checkbox"/> Renewal Petition denied <input type="checkbox"/> No emergency order to issue, two-party hearing scheduled for:			

**AFFIDAVIT IN SUPPORT OF PETITION FOR
EXTREME RISK PROTECTION ORDER
G.L. c. 140, § 131R (Page 1 of 2)**

DOCKET NO.

Massachusetts Trial Court




Please provide as much detail as possible when answering the questions below. Use the space provided and attach any extra extra explanations or supporting materials.

☐ If this box is checked _____ (*number, how many*) total additional pages of supporting materials are attached.

1. Why do you believe that the Respondent controls, owns, or possesses the firearms or ammunition?

2. How many firearms does the Respondent control, own, or possess? What do the firearms or ammunition look like? Where are the firearms or ammunition located?

3. When did you last see the firearms or ammunition? When and where did you last see the Respondent?

AFFIDAVIT IN SUPPORT OF PETITION FOR EXTREME RISK PROTECTION ORDER G.L. c. 140, § 131R (Page 2 of 2)		DOCKET NO.	Massachusetts Trial Court 
<p>4. Why do you believe that the Respondent poses a risk of bodily injury to themselves or others? Include a description of any concerning behaviors of the Respondent.</p>			
<p>5. Does the Respondent have any history of mental illness? Describe that history and include any clinical diagnoses.</p>			
<p>6. Is there any other information that will help the court decide whether to grant the order? If yes, please add that information here.</p>			
SIGNATURE			
I declare under the pains and penalties of perjury that all statements of fact made in this Affidavit are true to the best of my knowledge.			
DATE	PRINTED NAME	SIGNATURE	

**PETITIONER CONFIDENTIAL
INFORMATION FORM
G.L. c. 140, §§ 131R (d) – 131Y**

DOCKET NO. (for court use only)

Massachusetts Trial Court



This form should be sealed in an envelope marked “PETITIONER’S ADDRESS – CONFIDENTIAL.”

PETITIONER'S NAME			PETITIONER'S DATE OF BIRTH	
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SEX MALE FEMALE	GENDER IDENTITY	RACE	ETHNICITY
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☐ If this box is checked, the Petitioner is asking for/needs an interpreter (including sign language). Language: _____

CONTACT & ADDRESS INFORMATION FOR PETITIONER

PETITIONER'S EMAIL ADDRESS	PETITIONER'S CELLPHONE NUMBER
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PETITIONER'S RESIDENTIAL (HOME) ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) If this box is checked, this is an apartment building or multiple family dwelling (home). <input type="checkbox"/>	PETITIONER'S MILITARY AFFILIATION <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> Family Member <input type="checkbox"/> None/Do Not Know
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NAME OF PETITIONER'S WORKPLACE/EMPLOYER (list the company/business and boss/supervisor)

ADDRESS OF PETITIONER'S WORKPLACE (NUMBER, STREET, CITY, STATE, ZIP)	PETITIONER'S WORK PHONE NUMBER
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THIS FORM IS CONFIDENTIAL AND IS NOT AVAILABLE TO THE PUBLIC, THE RESPONDENT, OR THE RESPONDENT'S ATTORNEY. Except with a judge's permission, this form is available only to you, to your attorney, to the licensing authority of the municipality where the respondent resides (lives) and to law enforcement officers, if such access is necessary in the performance of their duties.

DATE	PETITIONER'S SIGNATURE
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IF A JUDGE ORDERS THE EXTREME RISK PROTECTION ORDER (ERPO) YOUR RESIDENCE (HOME) AND WORKPLACE ADDRESSES WILL APPEAR ON THE COURT ORDER. THEY WILL NOT BE AVAILABLE TO THE PUBLIC BUT THE RESPONDENT WILL BE ABLE TO SEE THEM. If you do not want those addresses to appear on the court Order and do not want the Respondent to know them, you should specifically ask that your home and/or work address be kept off the order. Please note if the court grants that request and any address is not listed on the Order, the police cannot find out your address unless they contact the court during court business hours or unless you notify the police of your address.

Court records are available to the public. If you have reasons to ask the judge to keep parts of the court record confidential, you may submit a written request (a “motion”) asking the judge to do so. You can ask the Clerk's or Register's Office to explain how to file a Motion for Impoundment under Trial Court Uniform Rule VIII on Impoundment Procedure. You may file a Motion for Impoundment if you have good reasons why your addresses or other confidential information in this case should not be disclosed to those who would otherwise have access in the course of their duties (the licensing authority of the municipality where the respondent resides (lives) and law enforcement officers). Usually, a general preference for privacy is not alone a sufficient reason for a judge to impound court records from public inspection.

RESPONDENT INFORMATION FORM AS PROVIDED BY PETITIONER G.L. c. 140, §§ 131R (d) – 131Y				DOCKET NO. <i>(for court use only)</i>		Massachusetts Trial Court	
The below information is needed to help police to identify and find the Respondent to serve the Respondent with a copy of any extreme risk protection order (ERPO) that is issued. Please provide as much information as possible. If you do not know some information, please let court staff know so they can help you.							
RESPONDENT'S NAME (FIRST, MIDDLE, & LAST) <i>(full legal/birth name)</i>						DATE OF BIRTH	
OTHER NAMES USED BY THE RESPONDENT, IF ANY <i>(aliases, nicknames, former names)</i>						PLACE OF BIRTH (City, State, Country)	
<input type="checkbox"/> If this box is checked, the Respondent may ask for/need an interpreter (including sign language). Language:							
MOTHER'S NAME (FIRST & MAIDEN)			FATHER'S NAME (FIRST & LAST)			SOCIAL SECURITY NUMBER <i>(last four)</i> XXX – XX –	
DESCRIPTION OF RESPONDENT							
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		GENDER IDENTITY		RACE		ETHNICITY	
PHOTO AVAILABLE <i>(helpful for ID)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							
BUILD <i>(body type)</i>			EYES <i>(color)</i>		HAIR <i>(color)</i>		HEIGHT
WEIGHT							
OTHER PHYSICAL CHARACTERISTICS <i>(glasses, scars, tattoos, complexion, hairstyle)</i>						RESPONDENT'S MILITARY AFFILIATION <input type="checkbox"/> Active Duty <input type="checkbox"/> Guard/Reserves <input type="checkbox"/> Veteran <input type="checkbox"/> Family Member <input type="checkbox"/> None/Do Not Know	
CONTACT & LOCATION INFORMATION FOR RESPONDENT							
RESPONDENT'S CELLPHONE NUMBER						RESPONDENT'S EMAIL ADDRESS	
RESPONDENT'S RESIDENTIAL (HOME) ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)							
<input type="checkbox"/> If this box is checked, the Respondent lives in an apartment. The apartment is on the _____ <i>(first, tenth, etc.)</i> floor and the name on the door/mailbox of the apartment is _____.							
RESPONDENT'S WORKPLACE/EMPLOYER <i>(list the company/business and boss/supervisor)</i>						WORK TELEPHONE NUMBER	
WORK ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)						JOB TITLE	
DEPARTMENT						WORK HOURS	
VEHICLE LICENSE PLATE NUMBER			YEAR		MAKE		MODEL
COLOR							
OTHER INFORMATION							
It is important that the police can keep everyone safe when serving any abuse prevention or harassment prevention Order that the Court issued.							
Does the Respondent have:							
A history of violence toward police officers?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
Access to or possess guns, ammunition, a license to carry firearms, a firearms identification card?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
A history of using and/or abusing drugs and/or alcohol?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
Mental health concerns?						<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Do Not Know	
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE RESPONDENT <i>(Include best place and/or time to find, temporary residence, friends' and/or relatives' houses, etc. If you do not know specific details about the car they drive, you can describe it here.)</i>							
DATE		PRINT PETITIONER'S NAME				PETITIONER'S SIGNATURE	