

**FORT BEND COUNTY SHERIFF'S OFFICE
DISPOSITION OF SEIZED FIREARM**

Date _____

Name

Address

City, State, Zip

Dear Mr./Ms. _____

On the _____ day of _____, _____ the proposed patient, _____, was taken into custody under Health and Safety Code 573.001 and was in possession of a firearm that was seized for safekeeping by the Fort Bend County Sheriff's Office, Case # _____.

In accordance with Texas Code of Criminal Procedure Art 18.191 (b), this is written notice to the person listed above of the procedures and options for the return of the seized firearm by the Fort Bend County Sheriff's Office.

An investigation by the Fort Bend County Sheriff's Office has shown the following: (check one)

- _____ (full name), **MAY LAWFULLY POSSESS** a firearm or ammunition and is not in violation of 18 U.S.C. Section 922(g).
- _____ (full name), is **PROHIBITED FROM POSSESSING** firearms or ammunition according to 18 U.S.C. Section 922(g).

**After reviewing the attached information, contact:
Fort Bend County Sheriff's Office
1840 Richmond Parkway
Richmond, Texas 77469
281-341-3858**

Sincerely,

Investigator