

**FORT BEND COUNTY SHERIFF'S OFFICE  
15 DAY NOTIFICATION OF SEIZED WEAPON**

Date of Notification \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

Dear Mr./Ms. \_\_\_\_\_,

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the proposed patient,  
\_\_\_\_\_, was taken into custody under the 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 the Texas Code of Criminal Procedure Art 18.191(b), which states that the law enforcement agency holding a firearm subject to disposition under this article shall, as soon as possible, but not later than the 15<sup>th</sup> day after the date the person is taken into custody under Section 573.001, Health and Safety Code, provide written notice of the procedure for the return of a firearm under this article to the last known address of the person's closest immediate family member as identified by the person or reasonably identifiable by the law enforcement agency, sent by certified mail, return receipt requested. The written notice must state the date by which a request for the return of the firearm must be submitted to the law enforcement agency.

Please contact the subject listed above and provide them with this form on the procedures for the disposition of the firearm.

**A WRITTEN REQUEST TO THE FORT BEND COUNTY SHERIFF'S OFFICE MUST BE SUBMITTED NO LATER THAN 121 DAYS FROM THE DATE OF RECEIVING THIS FORM. YOUR SUBMISSION DATE IS NO LATER THAN 3PM ON \_\_\_\_\_**