

Date:

Attn: Fort Bend County Clerk

The following person is requesting the return of a firearm seized by this agency under Section 573.001 of the Health and Safety Code. I respectfully request notification regarding the disposition of this case. More specifically, was this person released under HSC Section 573.023 or ordered to receive inpatient mental health services under HSC Section 574.034 or 574.035.

Consumer name: (Full Name)

Date of Birth:

Date of Emergency Detention Order:

Agency Case Number:

Receiving Hospital: (Hospital Name and Address)

Your assistance is greatly appreciated,

(Investigator's Name and Badge #)

Property/ Evidence Unit

Fort Bend County Sheriff's Office

1410 Williams Way Blvd.

Richmond, Texas 77469

Office: 281-341-3858

Email: (Investigator's Email)