

Request for Notification of Firearm(s) Return (Sheena Henderson Act)



To request the Port Orchard Police Department notify you when a family or household member will have a firearm(s) returned, complete this form and deliver it to the POPD as outlined herein. The POPD will provide notice within one business day to you the requirements for release have been met and the individual is requesting release of the firearm(s). The firearm(s) will be held for 72 hours after notification is sent and then released. Please note that the agency considers notification to be made when the message is sent using the method(s) prescribed herein.

In order to qualify for notification of a firearm(s) return, you must be a family or household member of the individual from whom the firearm(s) was taken. [RCW 26.50.010](#) defines a family or household member as:

- Spouses or former spouses;
- Domestic partners or former domestic partners;
- Persons who have a child in common regardless of whether they have been married or have lived together at any time;
- Adult persons related by blood or marriage;
- Adult persons who are presently residing together or who have resided together in the past;
- Persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship;
- Persons sixteen years of age or older with whom a person sixteen years of age or older has or has had a dating relationship; and
- Persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren

Your Name	Full Name of Person From Whom Firearm(s) Was Taken
Your Relationship to This Person	
The best method to reach you:	
<input type="checkbox"/> Phone () _____	<input type="checkbox"/> E-Mail _____
<input type="checkbox"/> Text () _____	
POPD Case No.	Date Firearm(s) Was Taken by the POPD
Location of Incident Where Firearm(s) Was Taken	

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct to the best of my knowledge, information, and belief and that I qualify as a family or household member as defined above. I understand that if I knowingly make a request for notification under [Chapter 9.41 RCW](#) based on false information, I may be held liable under [RCW 9A.76.175](#) (making a false or misleading statement to a public servant).

Signature of Requestor

Date

Completed forms may be e-mailed to the Port Orchard Police Department at police@cityofportorchard.us or delivered in person or by mail (attention: Records/Evidence Specialist) to the listed location:

- Port Orchard Police Department 546 Bay Street Port Orchard, WA 98366