

**GUIDELINES FOR REPORT OF  
PSYCHIATRIST OR PSYCHOLOGIST  
IN SUPPORT OF PETITION FOR RESTORATION  
OF RIGHT TO POSSESS FIREARMS PURSUANT  
TO A.R.S. § 13-925.**

FOR CLERK'S USE ONLY

**INSTRUCTIONS TO PETITIONER:** Fill in the information below and give this document to the PSYCHOLOGIST OR PSYCHIATRIST whom you have chosen to support your Petition to Restore Right to Possess Firearms pursuant to A.R.S. § 13-925. **THIS COMPLETED FORM MUST ACCOMPANY YOUR PETITION AT THE TIME YOU FILE IT WITH THE CLERK OF THE COURT.**

**COURT CASE NUMBER:** MH \_\_\_\_\_

**NAME OF PSYCHIATRIST  
OR PSYCHOLOGIST:** \_\_\_\_\_

**NAME OF PATIENT/  
PETITIONER:** \_\_\_\_\_

**PETITIONER'S TELEPHONE NUMBER:** \_\_\_\_\_

**INSTRUCTIONS TO PHYSICIAN:** A court case has been filed that asks the court to determine by clear and convincing evidence whether the Petitioner, who was formerly under a Court Order for mental health treatment, should have his or her right to possess firearms restored pursuant to A.R.S. § 13-925. Specifically, the Court must determine whether or not the Petitioner continues to be diagnosed with the mental disorder that led to the finding that the person was in need of court ordered treatment. Before the court grants such a petition, the court must decide if the Petitioner continues to be diagnosed with a mental disorder that was previously determined to exist when the Court Order for treatment was originally entered. Therefore, the court needs to know how you, as the psychiatrist or psychologist who has examined the Petitioner, currently diagnose that person's present mental health condition, whether or not the subject person continues to be diagnosed with a mental disorder or serious mental illness, and whether in your opinion the Petitioner is likely to act in a manner that is dangerous to the public. [see A.R.S. § 13-925]

The court realizes that your time is valuable, and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs to make a determination in this matter.

After you complete the report, give the original report to the Petitioner, and he or she will see to it that necessary copies are properly distributed. Please do not file your report with the Clerk of the Court. **PLEASE DATE AND SIGN YOUR REPORT. THANK YOU FOR YOUR TIME AND ASSISTANCE.**

**QUESTIONS FOR PSYCHIATRIST OR PSYCHOLOGIST TO ANSWER:**

1. What is the date you last saw your patient \_\_\_\_\_
2. How long have you been his or her psychiatrist or psychologist? \_\_\_\_\_

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3. What is your area of specialty? \_\_\_\_\_  
Are you Board Certified in this area?  Yes  No  
In any other area? \_\_\_\_\_
4. In your opinion, does the person appear to be currently diagnosed with a mental disorder or serious mental illness? If so, what is your diagnosis of this person's mental disorder? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. To your knowledge, has the person been treated or hospitalized before for this mental disorder?  
 Yes  No  
If yes, when and where? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. In your opinion, does the person's current mental illness or disorder necessitate the prescription of medications or other treatment for the maintenance of this mental health condition?  
 Yes  No  
If yes, please list the current medications or treatment prescribed to this person for his or her mental health condition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Do you believe that the prescribed medication is affecting the person's ability to respond coherently?  
 Yes  No
8. Do you believe that any changes made in the type or amount of medications the person is receiving would noticeably affect his or her mental or physical abilities?  Yes  No.
9. Do you believe that the person's mental health diagnosis or condition is likely to change within 6 months to a year?  Yes  No
10. Give a comprehensive assessment of any functional impairments that you believe exist as a result of this person's mental illness or disorder. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please make any additional comments or suggestions you feel would be valuable to the court in determining whether or not the Petitioner's right to possess firearms should be restored:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE REPORT PREPARED: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN:

\_\_\_\_\_  
PRINTED NAME OF PHYSICIAN: