

# STATE OF NORTH CAROLINA

File No.

Originating Co. File No.

In The General Court Of Justice  
District Court Division**IN THE MATTER OF**

Name And Current Mailing Address Of Petitioner

**PETITION AND ORDER FOR REMOVAL OF  
DISABILITY PROHIBITING THE PURCHASE,  
POSSESSION OR TRANSFER OF A FIREARM**

G.S. 14-409.42

Race

Sex

Name And Address Of Attorney For Petitioner

Date Of Birth

Spoken Language Court Interpreter Needed For Any Party, Victim, Or Witness? (If Yes, identify person(s) and language(s). Interpreters provided for all court proceedings at no cost.)

☐ No ☐ Yes: (explain)**NOTE TO PETITIONER:**

1. This petition must be filed in the district court of the county where you were the subject of the most recent judicial determination that either inpatient or outpatient treatment was appropriate or in the district court of the county of your residence.
2. Upon request, you must sign a release for the district attorney to receive your mental health records.
3. You must serve a copy of this petition on the director of the relevant inpatient and/or outpatient treatment facility and the district attorney in your current county of residence.

**I. PETITION**

The petitioner named above hereby moves, pursuant to G.S. 14-409.42, for the removal of the petitioner's mental commitment bar to purchase, possess, or transfer a firearm from the National Instant Criminal Background Check System, and in support of this petition states the following:

1. I am over the age of 18 and I am a resident of \_\_\_\_\_ County, (State) \_\_\_\_\_.
- ☐ 2. I was found not guilty by reason of insanity on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina, and was subsequently released/discharged from involuntary commitment on (date) \_\_\_\_\_.
- ☐ 3. I was found to lack capacity to proceed to criminal trial on (most recent date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina.
- ☐ 4. The most recent judicial determination that I needed ☐ inpatient ☐ outpatient treatment was made in \_\_\_\_\_ County, North Carolina, and my most recent ☐ inpatient ☐ outpatient mental commitment expired on (date) \_\_\_\_\_.
- ☐ 5. I was adjudicated incompetent pursuant to G.S. 35A-1112 on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina, and was ordered restored to competency pursuant to G.S. 35A-1130 on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina.
6. I am not likely to act in a manner dangerous to public safety and granting the relief that I am seeking is not contrary to the public interest.
- ☐ 7. (if applicable) Previously, I filed a petition in district court for the removal of the mental commitment bar, which was denied on (date) \_\_\_\_\_, in \_\_\_\_\_ County, North Carolina.
- ☐ 8. (if applicable) Previously, I appealed the district court decision to the superior court on (date) \_\_\_\_\_, and my petition was denied. One year or more has passed since the date of the denial.
- ☐ 9. (if applicable) In addition to file number(s) listed at the top of this page, I may have a mental commitment bar to purchase, possess, or transfer a firearm from a judicial determination or finding in the following court file(s): (list county(ies) and file number(s))

Date

Name Of Petitioner (type or print)

Signature Of Petitioner

**NOTE TO CLERK:**

1. Calendar the hearing for a session of district court when the court regularly hears commitment matters. (G.S. 14-409.42). If your county does not have a regular commitment hearing calendar, schedule the hearing before a district court judge at a time when the petition can be heard in a closed session of court. **HEARING IS CONFIDENTIAL. DO NOT PLACE ON A REGULAR DISTRICT COURT CALENDAR.**
2. Complete AOC-G-180 (Notice Of Hearing), attach a copy of this petition and send to the Petitioner, the district attorney in the Petitioner's county of residence, and the attorney who represented the State in the underlying case, or that attorney's successor.

AOC-SP-211, Rev. 10/25

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**II. CERTIFICATE OF SERVICE: SERVICE ON DIRECTOR OF THE  
INPATIENT/OUTPATIENT TREATMENT FACILITY**

I certify that a copy of this petition was served by:

- ☐ delivering a copy personally to the director of the inpatient/outpatient treatment facility that provided mental health treatment to me based on a judicial determination that I needed mental health treatment.
- ☐ depositing a copy of the enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the director of the inpatient/outpatient treatment facility that provided mental health treatment to me based on a judicial determination that I needed mental health treatment.
- ☐ leaving a copy with an employee at the office of the director of the inpatient/outpatient treatment facility that provided mental health treatment to me based on a judicial determination that I needed mental health treatment.

Name Of Person With Whom Copy Left (type or print)

Date

Name (type or print)

Signature

**III. CERTIFICATE OF SERVICE: SERVICE ON DISTRICT ATTORNEY**

I certify that a copy of this petition was served by:

- ☐ delivering a copy personally to the district attorney of my county of residence.
- ☐ depositing a copy of the enclosed in a postpaid properly addressed envelope in a post office or official depository under the exclusive care and custody of the U.S. Postal Service directed to the district attorney of my county of residence.
- ☐ leaving a copy at the office of the district attorney of my county of residence.

Name Of Person With Whom Copy Left (type or print)

Date

Name (type or print)

Signature

**IV. FINDINGS OF FACT**

This matter was heard before the undersigned judge upon the petition of the person named on the reverse. Having considered the petition, and after hearing the evidence, the Court finds by a preponderance of the evidence that:

1. The petitioner is over the age of 18 and a resident of \_\_\_\_\_ County, (State) \_\_\_\_\_.
- ☐ 2. The petitioner was found not guilty by reason of insanity on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina.
- ☐ 3. The petitioner was found to lack capacity to proceed to criminal trial on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina.
- ☐ 4. The petitioner's most recent judicial determination that the petitioner needed ☐ inpatient ☐ outpatient treatment was made in \_\_\_\_\_ County, North Carolina.
- ☐ 5. The petitioner's most recent ☐ inpatient ☐ outpatient mental commitment expired on (date) \_\_\_\_\_.
- ☐ 6. The petitioner was adjudicated incompetent pursuant to G.S. 35A-1112 on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina, and
- ☐ a. was ordered restored to competency pursuant to G.S. 35A-1130 on (date) \_\_\_\_\_ in \_\_\_\_\_ County, North Carolina.
- ☐ b. has not been ordered restored to competency pursuant to G.S. 35A-1130.
- ☐ 7. The petitioner ☐ is likely to act in a manner dangerous to public safety and granting the relief requested would be contrary to public interest. ☐ is not likely to act in a manner dangerous to public safety and granting the relief requested would not be contrary to public interest.  
(State reasons; G.S. 14-409.42 requires the court to make "specific findings of fact on which it bases its decision." G.S. 14-409.42 also requires the court to consider the circumstances regarding the firearms disabilities from which relief is sought, the petitioner's mental health and criminal history, the petitioner's reputation, and changes in the petitioner's condition or circumstances since the original determination.)
- ☐ 8. If the petitioner has filed a previous petition for removal of the mental commitment bar that was denied, one year or more has passed since the date of the denial.

## V. CONCLUSIONS OF LAW

After a hearing on this petition, and based on the foregoing findings, the Court concludes as follows: *(check one)*

- ☐ 1. The petitioner is not likely to act in a manner dangerous to public safety and granting the relief requested would not be contrary to the public interest. Therefore, the petitioner is entitled to the relief requested.
- ☐ 2. The petitioner is likely to act in a manner dangerous to public safety and granting the relief requested would be contrary to the public interest. Therefore, the petitioner is **not** entitled to the relief requested.

## VI. ORDER

It is hereby ordered that: *(check one)*

- ☐ 1. The relief requested by the petitioner is granted. The record of the petitioner's mental commitment bar transmitted to the National Instant Criminal Background Check System (NICS) for any of the court files listed on Page One, Side One of this form shall be removed. The clerk will work through the Administrative Office of the Courts to cause a record of this determination to be transmitted to NICS.\*
- ☐ 2. The relief requested by the petitioner is **NOT** granted. The record of the petitioner's mental commitment bar(s) shall remain in NICS.

Date	Name Of Judge (type or print)	Signature Of Judge
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**\*NOTE TO CLERK:** Effective 10/9/2025, entry of a G.S. 14-409.42 order to remove firearms bar in NICS is no longer accomplished using the SPC NICS application. Instead, the clerk should add the NICSRMVORD ("NICS Entry Removed by Court Order (AOC-SP-211)") Event to the case in Enterprise Justice (Odyssey).