



IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Judge or Division:	Case Number:
	Court ORI Number:
Denied Applicant:	
SSN (Last Four Digits):	
vs.	
Sheriff:	

(Date File Stamp)

Appeal of a Denial or Refusal to Act on a Concealed Carry Permit Small Claims Court

The denied applicant states that in regard to his/her properly completed application for a concealed carry permit, a Missouri lifetime, or extended concealed carry permit filed on _____ (date), the sheriff of _____ County, Missouri:

- denied the application without just cause. A copy of the sheriff's written denial is attached. The denied applicant affirms that all of the statements in the application are true.
- refused to act on the application filed on _____ (date) within forty-five days.

Within the original application, I affirmed the following to be true:

1. Personal Information:

Name: _____

Address: _____

Telephone Number: _____

Male Female

Date of Birth: _____

Place of Birth: _____

2. I am at least nineteen years of age, or at least eighteen years of age and a member of the United States Armed Forces or honorably discharged from the United States Armed Forces.

3. I am a citizen of the United States.

I am a permanent resident of the United States. Country of citizenship: _____

Alien or Admission number issued by the Federal Bureau of Customs and Immigration Enforcement or any successor agency: _____

4. I have resided in this state for at least six months prior to issuance of the permit or qualify as a military member or spouse of a military member stationed in Missouri.

5. I have not pled guilty to, entered a plea of nolo contendere or been convicted of a crime punishable by imprisonment for a term exceeding one year under the laws of any state or of the United States or a crime classified as a misdemeanor under the laws of any state and punishable by a term of imprisonment of two years or less that does not involve an explosive weapon, firearm, firearm silencer, or gas gun.
6. I have not been convicted of, pled guilty to or entered a plea of nolo contendere to any misdemeanor offenses involving crimes of violence within the five-year period immediately preceding my application for a concealed carry permit pursuant to section 571.101, RSMo, nor have I been convicted of two or more misdemeanor offenses involving driving while under the influence of intoxicating liquor or drugs or possession or abuse of a controlled substance within the five-year period immediately preceding my application for a concealed carry permit pursuant to section 571.101, RSMo.
7. I am not a fugitive from justice or currently charged in an information or indictment with the commission of a crime punishable by imprisonment for a term exceeding one year under the laws of any state of the United States or a crime classified as a misdemeanor under the laws of any state and punishable by a term of imprisonment of two years or less that does not involve an explosive weapon, firearm, firearm silencer, or gas gun.
8. I have not been discharged under dishonorable conditions from the United States armed forces.
9. I am not reasonably believed to be a danger to myself or others by the sheriff based on any previous pattern of behavior documented in public or closed records.
10. I have not been adjudged mentally incompetent at the time of application or for five years prior to application, or been committed to a mental health facility, as defined in section 632.005, RSMo, or a similar institution located in another state, except that any release or discharge from a facility in this state pursuant to chapter 632, RSMo, or a similar discharge from a facility in another state, occurred more than five years ago without subsequent recommitment.

In addition:

1. I submitted and cleared the required State of Missouri and/or national criminal history record checks.
2. I submitted an affidavit attesting that I complied with the concealed carry safety training requirement pursuant to section 571.111, RSMo.
3. I am not subject to a full order of protection which is still in effect.
4. I am not otherwise prohibited from possessing a firearm under section 571.070, RSMo, or 18 U.S.C. 922(g).
5. I submitted a government-issued photo identification to verify my identity.

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

Date

Denied Applicant

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
 (i.e. In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

***IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.*