

Kronzek & Cronkright, PLLC

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GUN RIGHTS RESTORATION INQUIRY

Please submit this form and \$90 cash or money order (made out to "Kronzek & Cronkright, PLLC") to the above address.

Please read and check the box below:

I understand that by filling in and submitting this form to Kronzek & Cronkright, PLLC, along with \$90 cash or money order (made out to "Kronzek & Cronkright, PLLC") for the non-refundable preliminary inquiry fee, I am certifying that the supplied information is correct and I authorize the firm to conduct a preliminary inquiry to see if I qualify to get my gun rights restored. I understand that this is a screening based upon information provided. If additional information would be beneficial to the consultation, Kronzek & Cronkright, PLLC will give me suggestions as to how to obtain that information. I understand the \$90 covers only the screening process and up to a 15-minute telephone consultation with an attorney, and that it does not cover the fee to apply for gun rights restoration or any further legal services. If I decide to retain Kronzek & Cronkright, PLLC for the gun rights restoration procedure, an additional fee for attorney services will be required.

Full legal name and all alias names used: _____

Date of Birth: _____

Current Address: _____

Phone Number: _____

Email Address: _____

Have you been convicted of one or more felonies? Yes _____ No _____

For each felony conviction, please fill out the following information:

<u>Year of conviction</u>	<u>Name of the felony</u> <i>Please include the statute number, if known.</i>	<u>State and county of conviction</u>	<u>In what year did or will you have completed -ALL- of the following in the case:</u> --Jail/prison time --Probation/parole --Payment of all fines/costs/fees?

For each felony conviction, please fill out the following information:

<u>Name of the felony</u>	<u>Brief Description of the offense</u>	<u>Maximum statutory penalty of incarceration</u> In other words, we need to know how much jail or prison time was possible under the version of the law that was in effect <u>at the time you were convicted</u> , not the actual amount of time you were sentenced to or served. <i>If you don't know, please call the court(s) that convicted you. They may be able to tell you this information over the phone or provide you with the Criminal Complaint or Judgment of Sentence from your case(s), which you can send to us with this form.</i>

Have you ever been convicted of any misdemeanors in Michigan? Yes _____ No _____

If so, please list the name of the crime, the statute number (if known), the year of conviction, and the name of the convicting court below:

Have you been convicted of any crimes in any other state or country? Yes _____ No _____

If so, please list the crimes, year of conviction, and the name of the convicting court below:

Have you even had a Personal Protection Order (restraining order) placed on you? Yes _____ No _____

If so, please list the effective dates of the Personal Protection Order and the reason it was placed upon you:

Have you ever had any misdemeanors or felonies expunged from your criminal record? Yes _____ No _____

If yes, what was the crime and in what year was the expungement granted? _____

Have you ever had any misdemeanors or felonies pardoned by the Governor or President? Yes _____ No _____

If yes, what was the crime and in what year was the pardon granted? _____

What is your occupation? _____

Why do you want your gun rights restored?

What in your life can you use to show it would be safe for the government to restore your gun rights?

For example: attendance at church, volunteer work, educational pursuits, family, safety training, or occupational choice

Have you been previously diagnosed with any form of mental illness? Yes _____ No _____

If yes, what illness and when were you diagnosed? _____

Have you previously tried to get your gun rights restored under state or federal law? Yes _____ No _____

If yes, what was the outcome of that attempt? _____

Is there anything else you think we need to know about your situation?

Signature: _____

Date: _____