



CONSENT FOR MENTAL HEALTH RECORDS SEARCH (USE THIS FORM ONLY)

(This consent **MUST** be completed by the firearm applicant. Failure to consent requires denial or disapproval of the application.)



N.J.S.A. 30:4-24.3 provides that all records of any individual's commitment to a non-correctional institution for mental health reasons shall be confidential and shall not be disclosed except in limited circumstances or with the consent of the individual.

PART ONE (To be completed by the applicant.)

Name: (Last) _____ (Maiden) _____ (First) _____ (Initial) _____ **Date of Birth:** (Month) _____ (Day) _____ (Year) _____

Address: (Number) (Street) _____ (Municipality) _____ (County) _____ (State) _____

I, _____ am aware of my rights under N.J.S.A. 30:4-24.3, and consent to the disclosure of my mental health records to the Chief of Police and the Superintendent of State Police, or their designees, for the purpose of verifying my firearms permit application and my fitness to own a firearm under N.J.S.A. 2C:58-3.

Witness

X

Signature of Applicant

Investigating Police Department

Date

PART TWO (Complete as needed - See 3b below.)

Date: _____

I have searched the mental health records maintained by this office and find that the person named herein:

Has no record of admission, commitment, or treatment.

Has a record of admission, commitment or treatment. _____

Name of Institution or Doctor

Applicant was treated or admitted on: _____ and discharged on: _____
(Month - Day - Year) (Month - Day - Year)

X

Signature of Authorized Official or Doctor

INSTRUCTIONS FOR COMPLETING AND ROUTING THIS FORM

1. PURPOSE

The consent for Mental Health Records Search Form (SP-66) is designed to facilitate access to mental health records of the applicant by the investigating authority. N.J.S.A. 2C:58-1 et seq. precludes persons who are suffering from a mental illness from acquiring, selling, using and carrying firearms.

2. USE

The Consent For Mental Health Records Form must be completed by all firearms applicants. Failure to execute the consent requires that the Chief of Police shall deny or disapprove the application. In the event the applicant refuses to execute the consent, FINGERPRINTS ARE NOT to be submitted to the State Bureau of Identification.

3. MECHANICS

a. Part 1 of the form is to be completed by the applicant and witnessed. **DO NOT forward this form to the State Bureau of Identification.**

b. Part 2 of this form is to be completed by an authorized official or doctor. **NOTE:** This form is to be executed **ONLY** when the investigation indicates the applicant has been confined, committed or treated for a mental condition or illness.

c. The yellow copy of the form is for the records of the institution or doctor. The white copy will be returned to the investigating authority and retained as a matter of record (See "e" below).

d. State Police investigations - After completion of the investigation, attach form to the application and forward to the Firearms Investigation Unit together with the Application and Investigation Report.

e. If Internet form, make and sign two copies.

Additional forms may be obtained through the Firearms Investigation Unit, New Jersey State Police, P.O. Box 7068, West Trenton, New Jersey 08628-0068 or via the internet at www.njsp.org/info/forms.html