

**State of Minnesota**

County

**District Court**

Judicial District: \_\_\_\_\_

Court File Number: \_\_\_\_\_

Case Type: \_\_\_\_\_

Civil Other

\_\_\_\_\_  
Petitioner

vs.

\_\_\_\_\_  
Respondent County Sheriff.**Petition For Reconsideration  
of Denial of Firearm Permit  
(Minn. Stat. § 624.714, subd. 12)**

Petitioner states and alleges the following:

1. An application for a handgun permit was filed with the \_\_\_\_\_ County Sheriff on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. A copy of the application is attached. Petitioner received notice that the permit has been denied on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

A copy of the denial is attached.

2. Petitioner believes that the permit was improperly denied based upon the following:

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3. Petitioner asks the Court to order \_\_\_\_\_ County Sheriff to immediately issue the handgun permit and to award reasonable costs, expenses and attorney fees.

**4. VERIFICATION AND ACKNOWLEDGMENT**

- A. I have read this document. To the best of my knowledge, information and the information, contained in the document is well grounded in fact and is warranted by existing law.
- B. I have not been determined by any court in Minnesota or in any other State to be a frivolous litigant or subject to an Order precluding me from serving and filing this document.
- C. I am not serving or filing this document for any improper purpose, such as to harass the other party or to cause delay or needless increase in the cost of litigation or to commit a fraud on the Court.
- D. I understand that if I am not telling the truth or if I am misleading the court or if I am serving or filing this document for any improper purpose, the court can order me to pay money to the other party, including reasonable expenses incurred by the other party because of the serving or filing of this document such as court costs, and reasonable

attorney's fees.

Sworn/affirmed before me this

\_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public \ Deputy Court Administrator

\_\_\_\_\_  
Signature *(Sign only in front of notary public or court administrator.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_