



Records, Communications and Compliance Division

333 West Nye Lane, Suite 100
Carson City, Nevada 89706
Telephone (775) 684-6200 ~ Fax (775) 687-3419
www.rccd.nv.gov

NICS Indices Submission

Pursuant to changes and additions made to NRS by Assembly Bill 46 of the 2009 Nevada Legislative Session, please answer the following questions in order to provide the Department of Public Safety, Records, Communications and Compliance Division, the information required for entry of individuals into the National Instant Criminal Background Check System (NICS) database. These individuals are prohibited by law from possessing firearms.

Please provide the following court contact information:

Court Name:
Court Point of Contact:
Court Address:
Telephone Number: Fax Number:

Please provide the following information about the individual to be entered into the NICS Indices Mental Defective File:

Name:
Court Case Number(s):
Date of Birth: Sex: Male Female
Alias Name(s):
Social Security Number: Race:
Height: Weight: Place of Birth:

Types of adjudication: Checkmark the reason for the adjudication. (Please provide court mental competency adjudication or court transcripts only. Do not provide any diagnostic or medical information.)

- NRS 433A.310 - A person who is involuntarily committed to a public or private mental health facility for treatment or to a program of community-based or outpatient services
NRS 159.0593 - A proposed ward is a person with a mental defect who is prohibited from possessing a firearm (the statute provides that the order must include a finding that the proposed ward is a person with a mental defect who is prohibited from possession a firearm)
NRS 174.035, NRS 175.533, NRS 175.539 - A person who is found to be guilty but mentally ill or acquitted by reason of insanity by a court in a criminal case
NRS 178.425 - A person who is found incompetent pursuant to NRS Chapter 178

Fax this form along with required court information as stated above to the Point of Contact Firearms Program at (775) 687-3419. For questions, please call (775) 684-6200.

PLEASE DO NOT MODIFY OR CHANGE THIS FORM
Attach an additional form for additional AKA information