



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](http://www.rccd.nv.gov)

## Mental Health Record Correction Form

Please provide the correction of any court information relating to records of mental health found to be inaccurate, insufficient, or incomplete of a person that was entered into the National Instant Criminal Background Check System (NICS) database.

*Please provide the following court contact information:*

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

*The corrected information is provided on the following person:*

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

This information pertains strictly to the NICS Indices Mental Defective File and not any other information which may prohibit the individual from possessing a firearm.

**Fax this form along with corrected court documentation 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**