



## Records, Communications and Compliance Division

333 West Nye Lane, Suite 100

Carson City, Nevada 89706

Telephone (775) 684-6200 – Fax (775) 687-3419

### 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.

**Send this form along with corrected court documentation to the Point of Contact Firearms Program by fax at: (775)687-3419 or by email to: [firearmshelp@dps.state.nv.us](mailto:firearmshelp@dps.state.nv.us). For questions, please call (775) 684-6200.**

**PLEASE DO NOT MODIFY OR CHANGE THIS FORM**