

# NOTICE TO REQUESTER

(Use multiple forms if necessary)

TO: Daniel Gluck, Senior Staff Attorney  
ACLU of Hawaii, P.O. Box 3410, Honolulu, Hawaii 96801

FROM: Honolulu Police Department  
Contact: Gerald Kaneshiro, Acting Major, Records and Identification Division  
801 South Beretania Street, Honolulu, Hawaii 96813  
Phone: (808)723-3258  
(Agency/name & telephone number of contact person at agency)

DATE REQUEST RECEIVED: December 15, 2014  
DATE OF THIS NOTICE: December 18, 2014

**GOVERNMENT RECORDS YOU REQUESTED** (attach copy of request or provide brief description below):  
As of December 12, 2014, any and all forms an applicant for a concealed carry firearms permit must complete as part of the application process, along with any other documents provided to applicants for a concealed carry firearms permit (such as a checklist of documents required as part of the application process).

## NOTICE IS PROVIDED TO YOU THAT YOUR REQUEST:

- Will be granted in its entirety.
- Cannot be granted because
- Agency does not maintain the records. Agency believed to maintain records: \_\_\_\_\_
  - Agency needs a further description or clarification of the records requested. Please contact the agency and provide the following information: \_\_\_\_\_
  - Request requires agency to create a summary or compilation from records not readily retrievable.
- Is denied in its entirety       Will be granted only as to certain parts  
based upon the following exemption provided in HRS § 92F-13 and/or § 92F-22 and other laws cited below  
(portions of records that agency will not disclose should be described in general terms).

RECORDS OR  
INFORMATION WITHHELD

APPLICABLE  
STATUTES

AGENCY  
JUSTIFICATION

## REQUESTER'S RESPONSIBILITIES:

You are required to (1) pay any lawful fees assessed; (2) make any necessary arrangements with the agency to inspect, copy or receive copies as instructed below; and (3) provide the agency any additional information requested. If you do not comply with the requirements set forth in this notice within 20 business days after the postmark date of this notice or the date the agency makes the records available, you will be presumed to have abandoned your request and the agency shall have no further duty to process your request. Once the agency begins to process your request, you may be liable for any fees incurred. If you wish to cancel or modify your request, you must advise the agency upon receipt of this notice.

**METHOD & TIMING OF DISCLOSURE:**

Records available for public access in their entireties must be disclosed within a reasonable time, not to exceed 10 business days, or after receipt of any prepayment required. Records not available in their entireties must be disclosed within 5 business days of this notice or after receipt of any prepayment required. If incremental disclosure is authorized by HAR § 2-71-15, the first increment must be disclosed within 5 business days of this notice or after receipt of any prepayment required.

**Method of Disclosure:**

- Inspection at the following location: \_\_\_\_\_.
- As requested, a copy of the record(s) will be provided in the following manner:
  - Available for pick-up at the following location: \_\_\_\_\_.
  - Will be mailed to you.
  - Will be transmitted to you by other means requested: emailed.

**Timing of Disclosure:** All records, or first increment where applicable, will be made available or provided to you:

- With this notice.**
- On \_\_\_\_\_.
- After prepayment of fees and costs of \$ \_\_\_\_\_ (50% of fees + 100% of costs, as estimated below).  
Payment may be made by cash or:  personal check  other \_\_\_\_\_.

For incremental disclosures, each subsequent increment will be disclosed within 20 business days after:

- The prior increment (if one prepayment of fees is required and received).
- Receipt of each incremental prepayment required.

Disclosure is being made in increments because the records are voluminous and the following extenuating circumstances exist:

- Agency must consult with another person to determine whether the record is exempt from disclosure under HRS chapter 92F.
- Request requires extensive agency efforts to search, review, or segregate the records or otherwise prepare the records for inspection or copying.
- Agency requires additional time to respond to the request in order to avoid an unreasonable interference with its other statutory duties and functions.
- A natural disaster or other situation beyond agency's control prevents agency from responding to the request within 10 business days.

**ESTIMATED FEES & COSTS:**

The agency is authorized to charge you certain fees and costs to process your request (even if no record is subsequently found to exist), but must waive the first \$30 in fees assessed for general requesters and the first \$60 in fees when the agency finds that the request made is in the public interest. See HAR §§ 2-71-19, -31 and -32. The agency may require prepayment of 50% of the total estimated fees and 100% of the total estimated costs prior to processing your request. The following is the estimate of the fees and costs that the agency will charge you, with the applicable waiver amount deducted:

Fees: Search	Estimate of time to be spent: <u>&lt;15 minutes</u> (\$2.50 for each 15-minute period)	\$ <u>2.50</u>
Review & segregation	Estimate of time to be spent: <u>0</u> (\$5.00 for each 15-minute period)	\$ <u>0</u>
Fees waived	<input type="checkbox"/> general (\$30) <input checked="" type="checkbox"/> public interest (\$60)	<\$ <u>60.00</u> >
<b>Total Estimated Fees:</b>		\$ <u>0</u>

Costs: Copying 6 pages @ \$0.25/page \$0\*

\*Cost being waived since requested documents are provided without charge to applicants for a concealed carry permit.

For questions about this notice, please contact the person named above. Questions regarding compliance with the UIPA may be directed to the Office of Information Practices at 808-586-1400 or oip@hawaii.gov.





**FIREARM APPLICATION QUESTIONNAIRE**

Chapter 134, Hawaii Revised Statutes

PERMIT NO. \_\_\_\_\_

OUT OF STATE YES  NO

YES NO  
(please initial)

- 1. Are you a fugitive from justice?
- 2. Are you under indictment for, or have waived indictment for, or have been bound over to circuit court for, or have been convicted in this state or elsewhere for having committed a felony, or any crime of violence, or the illegal sale of any drug?
- 3. Have you ever been under treatment or counseling for addiction to, abuse of, or dependence upon any dangerous, harmful, or detrimental drug, intoxicating compound, or intoxicating liquor?
- 4. Have you ever been admitted to and/or detained at a psychiatric facility?
- 5. Have you ever been acquitted of a crime on the grounds of mental disease, disorder, or defect?
- 6. Have you ever been diagnosed as having a significant behavioral, emotional, or mental disorder?
- 7. Have you ever been under treatment for an organic brain syndrome?
- 8. Are you presently restrained pursuant to a court order or *ex parte* order from contacting, threatening, or physically abusing any person?

Please explain any "YES" answers:

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**Section 134-17, Penalty for Falsification:** If any person, in complying with any of the requirements of this part, gives false information or offers false evidence of their identity, they shall be guilty of a misdemeanor. If any person intentionally gives false information or offers false evidence concerning their psychiatric or criminal history, they shall be guilty of a class C felony.

*I certify that the answers to the foregoing questions are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
NAME (PRINT)

\_\_\_\_\_  
WITNESSED BY

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE/TIME



U.S. Department of Justice

Bureau of Alcohol, Tobacco,  
Firearms and Explosives

Washington DC 20226

September 21, 2011

[www.atf.gov](http://www.atf.gov)

**OPEN LETTER TO ALL FEDERAL FIREARMS LICENSEES**

The Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) has received a number of inquiries regarding the use of marijuana for medicinal purposes<sup>1</sup> and its applicability to Federal firearms laws. The purpose of this open letter is to provide guidance on the issue and to assist you, a Federal firearms licensee, in complying with Federal firearms laws and regulations.

A number of States have passed legislation allowing under State law the use or possession of marijuana for medicinal purposes, and some of these States issue a card authorizing the holder to use or possess marijuana under State law. During a firearms transaction, a potential transferee may advise you that he or she is a user of medical marijuana, or present a medical marijuana card as identification or proof of residency.

As you know, Federal law, 18 U.S.C. § 922(g)(3), prohibits any person who is an "unlawful user of or addicted to any controlled substance" (as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)) from shipping, transporting, receiving or possessing firearms or ammunition. Marijuana is listed in the Controlled Substances Act as a Schedule I controlled substance, and there are no exceptions in Federal law for marijuana purportedly used for medicinal purposes even if such use is sanctioned by State law. Further, Federal law, 18 U.S.C. § 922(d)(3), makes it unlawful for any person to sell or otherwise dispose of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person is an unlawful user of or addicted to a controlled substance. As provided by 27 C.F.R. § 478.11, "an inference of current use may be drawn from evidence of a recent use or possession of a controlled substance or a pattern of use or possession that reasonably covers the present time."

Therefore, any person who uses or is addicted to marijuana, regardless of whether his or her State has passed legislation authorizing marijuana use for medicinal purposes, is an unlawful user of or addicted to a controlled substance, and is prohibited by Federal law from possessing firearms or ammunition. Such persons should answer "yes" to question 11.e. on ATF Form 4473 (August 2008), Firearms Transaction Record, and you may not transfer firearms or ammunition to them. Further, if you are aware that the potential transferee is in possession of a card authorizing the possession and use of marijuana under State law, then you have "reasonable cause to believe" that the person is an unlawful user of a controlled substance. As such, you may not transfer firearms or ammunition to the person, even if the person answered "no" to question 11.e. on ATF Form 4473.

ATF is committed to assisting you in complying with Federal firearms laws. If you have any questions, please contact ATF's Firearms Industry Programs Branch at (202) 648-7190.

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Arthur Herbert  
Assistant Director  
Enforcement Programs and Services

<sup>1</sup>The Federal government does not recognize marijuana as a medicine. The DEA has determined that marijuana has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and lacks an accepted level of safety for use under medical supervision. See 68 Fed. Reg. 21,652 (2003). This Open Letter will use the terms "medical use" or "for medical purposes" with the understanding that such use is not sanctioned by the federal agency charged with determining what substances are safe and effective as medicines.

## Authorization for Use or Disclosure of Protected Health Information (PHI)

<b>Organization Disclosing PHI</b>  Name: State of Hawaii Adult Mental Health Division (AMHD) PO Box 3378 Honolulu, HI 96801-3378	<b>Name of Individual/Organization (other than AMHD) Disclosing PHI</b>  Name: _____ _____ _____ _____
<b>Organization That Will Receive the Individual's PHI</b>  Honolulu Police Department 801 South Beretania Street Honolulu, HI 96813	
<b>Client/Patient Whose PHI is Being Requested</b>	
First Name: _____	Last name: _____
Address: _____ _____ _____	Birth date: _____  Social Security Number: _____
I authorize that the following Protected Health Information be Used/Disclosed: (PLEASE INITIAL)	
_____ Mental Health                      _____ Substance Abuse Treatment and/or Counseling	
The Protected Health Information is Being Used or Disclosed for the Following Purposes (At the request of the individual is an acceptable purpose if the request is made by the individual and the individual does not want to state a specific purpose.):	
To determine my qualification to own, possess, or control any firearm or ammunition.	
Authorization Duration (This authorization will be in force and effect until the event specified below. At that time, this authorization to use or disclose this protected health information expires).	
Expiration of Authorization Event That Relates to the Purpose of the Use or Disclosure:	
My disqualification from owning, possessing, or controlling any firearm or ammunition.	
I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the above stated county police department. I understand that a revocation is not effective to the extent that the county police department has relied on the use or disclosure of the protected health information.	
I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. However, I understand that information related to education (FERPA, 34 CFR Part 99), alcohol or drug treatment services (42 CFR Part 2) may not be redisclosed without my authorization.	
Signature: _____	Date: _____
Print Name: _____	_____

PERMIT NO. \_\_\_\_\_  
OUT OF STATE YES  NO

**MEDICAL INFORMATION WAIVER**  
**Chapter 134, Hawaii Revised Statutes**

I, \_\_\_\_\_, do freely and in compliance with sections 134-2 and 134-7  
(PLEASE PRINT NAME)  
of the Hawaii Revised Statutes, authorize the Chief of Police in the City and County of Honolulu access  
to any and all records which have a bearing on my mental health for the strict purpose of determining  
my qualification to acquire, own, possess, or have under my control, a firearm.

Name of physician/facility: \_\_\_\_\_

\_\_\_\_\_  
DOCTOR'S ADDRESS DOCTOR'S TELEPHONE NO.

\_\_\_\_\_  
DATE SIGNATURE OF APPLICANT

\_\_\_\_\_  
WITNESS DATE TIME

HPD-89 (R-12/96)