

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT,
IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE: PETITION FOR RISK PROTECTION ORDER

AGAINST {Name of Respondent} [REDACTED]

VCSO Case Number
19-9330

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Deputy Knight, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia County Sheriff Office, swear and affirm that the following facts are true and correct.

1. {Name of Respondent} [REDACTED] poses a significant danger of causing personal injury to himself/herself or others by having a firearm or any ammunition in his/her custody or control or by purchasing, possessing or receiving a firearm or any ammunition. The following specific statements, actions, or facts give rise to a reasonable fear of significant dangerous acts by the respondent:

On 04/30/2019 at approximately 1115 hours, Deputy Riden responded to [REDACTED] Oak Hill [REDACTED] in reference to the report of a suicidal person. [REDACTED] (V1) called Stewart Marchman for help. Stewart Marchman then called requesting Deputies respond to the address.

1 Additional pages are attached.

2. {Name of Witness} [REDACTED] provided the following information based on his/her personal knowledge:

[REDACTED] a Stewart Marchman employee, advised she received a phone call from [REDACTED] on 04/30/19. [REDACTED] stated during the phone call, [REDACTED] said on the phone, "I felt like harming myself." [REDACTED] advised per her policy, she called [REDACTED] to notify law enforcement of this incident.

 Additional pages are attached.

3. Affiant ___ is is not aware of any existing protection order governing the respondent under any applicable statute.

_____ Known protection orders are attached

4. The quantities, types, and locations of all firearms and ammunition the petitioner believes to be in the respondent's current ownership, possession, custody or control are as follows:

Quantity	<u>1 Pistol</u>	Type	<u>Firearm</u>	Location	<u>Inside residence</u>
Quantity	<u>6 rounds</u>	Type	<u>Ammunition</u>	Location	<u>Inside residence</u>
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

_____ Additional pages are attached.

AFFIANT HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND FACTS IN THIS AFFIDAVIT AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Dated: 05/03/2019

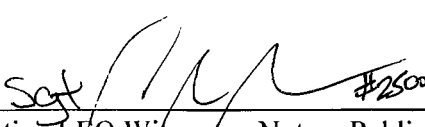
Signature of Affiant: 

Sworn to or affirmed and signed before me on 05/03/19 by Deputy Knight #8398

Date

Affiant's Name

who is personally known to me or ___ presented _____, as identification.

 #2500
 Attesting LEO Witness or Notary Public, State of Florida
 My commission expires: _____