

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

VOLUSIA COUNTY SHERIFF'S OFFICE,  
Petitioner

Case No.: 19-11734

v.

Division: LAW ENFORCEMENT

VCISO Case Number

[REDACTED],  
Respondent

**PETITION FOR TEMPORARY EX PARTE RISK PROTECTION ORDER  
AND RISK PROTECTION ORDER**

**SECTION I. PETITIONER**

1. Petitioner's full legal name or name of petitioning agency: Volusia County Sheriff's Office
2. Petitioner's law enforcement office/agency is located at {street address, city, state, and zip code}:  
123 West Indian Avenue, DeLand FL. 32724

**SECTION II. RESPONDENT**

1. Respondent's full legal name: [REDACTED]
2. Respondent's current address: {street address, city, state, and zip code}:  
[REDACTED] Osteen FL 32764
3. Physical description of Respondent:  
Race: W Sex: Male  Female  Date of Birth: [REDACTED]  
Height: [REDACTED] Weight: [REDACTED] Eye Color: [REDACTED] Hair Color: [REDACTED]
4. Distinguishing marks or scars: \_\_\_\_\_
5. Vehicle {make/model}: N/A Color: N/A Tag Number: N/A
6. Other names Respondent goes by {aliases or nicknames}: N/A
7. Respondent's email address {if known}: N/A
8. Respondent's Driver's License number {if known}: [REDACTED]
9. Respondent's attorney's name, address, and telephone number {if known}: UNK

### SECTION III. BASIS FOR PETITION

In support of this Petition the undersigned Law Enforcement Officer/Agency alleges:

1. Respondent 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.
2. A sworn affidavit alleging specific statements, actions, or facts based on personal knowledge that give rise to a reasonable fear of significant dangerous acts by the Respondent is attached to this petition and incorporated by reference.
3. The attached sworn affidavit includes a list of the quantities, types, and locations of all firearms and ammunition believed to be in the Respondent's ownership, possession, custody, or control.
4. Respondent poses a significant danger of injury to himself/herself or others by having in his/her control, or by purchasing, possessing, or receiving, a firearm or ammunition.

**[Required for Temporary Ex Parte Risk Protection Order]** Respondent poses this significant risk of injury in the near future.

5. Relevant evidence for the Court's consideration is detailed in the attached affidavit and shows that the Respondent:

- was involved in a recent act or threat of violence against himself/herself or others;
- engaged in an act or threat of violence; including but not limited to acts or threats of violence against himself/herself; within the past 12 months;
- is seriously mentally ill or has recurring mental health issues;
- has violated a risk protection order or no contact order issued under sections 741.30, 784.046, or 784.0485, Fla. Stat.;
- is the subject of a previous or existing risk protection order;
- has violated a previous or existing risk protection order;
- has been convicted of, had adjudication withheld on, or pled *nolo contendere* in Florida or in any other state to a crime that constitutes domestic violence as defined in s. 741.28, Fla. Stat.;
- has used, or threatened to use, against himself/herself or others, any weapons;
- has unlawfully or recklessly used, displayed or brandished a firearm;
- has used or threatened to use on a recurring basis physical force against another person or has stalked another person;
- has been arrested for, convicted of, had adjudication withheld, or pled *nolo contendere* to a crime involving violence or a threat of violence in Florida or in any other state;
- has abused or is abusing controlled substances or alcohol;
- has recently acquired firearms or ammunition;
- other (Additional relevant information may be attached).

#### SECTION IV. NOTICE

       Petitioner has made a good faith effort to provide notice to a family or household member of the Respondent and to any known third party who may be at risk of violence in compliance with s. 790.401(2)(f), Fla.Stat.

X Petitioner will take the following steps to provide notice as required by s. 790.401(2)(f), Fla.Stat.  
By Person , Telephone and/or certified mail.

#### SECTION V. RISK PROTECTION ORDERS

For the foregoing reasons, petitioner requests the Court to enter:

X A **TEMPORARY EX PARTE RISK PROTECTION ORDER** in this matter requiring Respondent to:

1. Immediately surrender all firearms and ammunition in his or her custody, control, or possession and any license to carry a concealed weapon or firearm to the *{name of law enforcement agency}*; Volusia County Sheriff's Office
2. Not have in his/her custody, control, or possession any firearm or ammunition while this order is in effect;
3. Not purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition while this order is in effect; and
4. Abide by any other lawful relief the Court may order.

Petitioner further requests this Court to schedule a Hearing for a Risk Protection Order to be held within 14 days.

X A **RISK PROTECTION ORDER** in this matter requiring Respondent to:

1. Immediately surrender all firearms and ammunition in his or her custody, control, or possession and any license to carry a concealed weapon or firearm to the *{name of law enforcement agency}*; Volusia County Sheriff's Office
2. Not have in his/her custody, control, or possession any firearm or ammunition while this order is in effect;
3. Not purchase, possess, receive, or attempt to purchase or receive, a firearm or ammunition while this order is in effect; and
4. Abide by any other lawful relief the Court may order.

Petitioner requests the Risk Protection Order to remain in effect for a period the Court deems appropriate, up to and including but not exceeding 12 months.

Respectfully submitted this 30 day of May, 2019.

A handwritten signature in black ink, appearing to be 'K. S.', written over a horizontal line.

**Signature of Petitioner**

Volusia County Sheriff's Office

Law Enforcement Agency

123 West India Avenue, DeLand FL 32724

Service Address

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  
19-11734

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, {full legal name} Kletus Stubblefield, in my position as {job title} Deputy Sheriff II with the {name of law enforcement officer/agency} Volusia County Sheriff's 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 05/30/2019, at approximately 0040 hours, Deputy Stubblefield was dispatched to [REDACTED] in reference to a suicidal person. Upon arrival Deputy Stubblefield made contact with [REDACTED] (V1) who was with his friend, [REDACTED] (W1), at his residence. [REDACTED] told Deputy Stubblefield that he was not in his right mind and that he wants to hurt himself. [REDACTED] told deputies that he lost his house and his job approximately

1 Additional pages are attached.

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

Please see affidavit continuation page and sworn statement for details

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1 Additional pages are attached.

IN RE: PETITION FOR RISK PROTECTION ORDER

AGAINST {Name of Respondent} ██████████

AFFIDAVIT CONTINUATION

FROM SECTION 1 \_\_\_\_\_

PAGE 2 \_\_\_\_\_ OF 2 \_\_\_\_\_

two months earlier and ever since, has not had the will to live any longer. ██████ stated that he is living in his fathers truck on his friends property at ██████ Osteen and will sometimes tent camp there. When asked by what means did he want to hurt himself he stated he did not know but wanted to die. ██████ told deputies he wanted to speak with another veteran about his thoughts and how he feels. Deputy Stubblefield advised that he was a combat veteran and ██████ told him that he suffers from PTSD and flash backs from Desert Storm. ██████ told Deputy Stubblefield that earlier in the day he was at Festival Park in Deltona when he was going to put his thoughts into action. ██████ told deputies he removed his SAR Arms 9mm pistol from its holster and while in his truck placed the gun to his head. ██████ told deputies that at the moment he could not go through with it and drove to see his friend ██████ (W1) at his residence. ██████ added when he arrived at ██████ residence he gave him the pistol and told him to hold onto it because he was going to shoot himself. ██████ told ██████ to call 911 because he needed help and ██████ refused to at which point ██████ called on his own free will.

██████ told deputies ██████ arrived at his house in the evening time and stated he was at the park by Walmart (Festival Park) "having issues" and put his gun to his head. ██████ told deputies ██████ surrendered his gun to him because he "could not go through with it". ██████ told deputies ██████ asked ██████ for his gun back several times, however, due to his state of mind ██████ refused. When deputies arrived he surrendered ██████s gun to LEO, which was loaded with a round in the chamber ██████ completed a written sworn statement.

Upon Deputy Stubblefield's arrival he observed ██████ in a state of duress and under the influence of alcohol (highly intoxicated). Deputy Hyde recovered a letter from the front passengers seat of ██████s truck which he advised he wrote earlier in the evening while at Festival Park. In the letter was a will and a message to ██████ This message stated his belongings should go to her because he was dead. On the other side of the paper was another message stated "I was going to kill, ██████, ██████, ██████ ██████ and ██████. When deputies asked about the letter ██████ stated he "WAS" going to kill them but he chose to kill himself instead which is why he put the word was because he decided not to. ██████ told deputies that he was never going to and that all the people he stated are safe.

Through Deputy Stubblefield's investigation, written statements received and firearm recovered, it was determined that without proper care and treatment ██████ will likely cause death or great bodily harm to himself in the near future if not treated. Deputy Stubblefield placed ██████ into protective custody under the Baker Act. ██████ stated he was Hypoglycemic and he felt as though his blood sugar was low therefore he was transported to Halifax Hospital Daytona Beach for treatment.

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

0 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</u>	Type	<u>Handgun</u>	Location	<u>District 4 Evidence</u>
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

0 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: 05-30-2019

Signature of Affiant: \_\_\_\_\_

[Handwritten Signature]

Sworn to or affirmed and signed before me on 05-30-2019 by \_\_\_\_\_

Date

Affiant's Name

[Handwritten Signature]

who X is personally known to me or \_\_\_\_\_ presented \_\_\_\_\_, as identification.

T Brown 8783

Attesting LEO Witness or Notary Public, State of Florida

My commission expires: LEO

VOLUSIA COUNTY SHERIFF'S OFFICE

Clerk of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

Report Date 05-30-2019	Report Time 0030	Orig. Reported Date 05-30-2019	Nature of Call (for Incident) BAKER	Agency Report Number 19-11734	1. Original 2. Supplement 1		
Status Code: 1. Evidence 6. Recovered 7. Recovered (Outside Agency Recovered) 13. Disposal Baker Act 17. Disposal Baker Act 22. RPO (Voluntary Surrender) 23. RPO (Seized)				Category Code: J. Special Documents Y. All Other Items (Guns and Ammunition)			
Leave Blank:	Item # 1	Status 1	Category 21	Quantity 1	Description SAR Arms Pistol		
If Gun	Make SAR Arms	Model SARB6P	Caliber 9mm	Type / Cat Handgun	Action Semi	Finish Black	Serial Number T110214G03067
Leave Blank:	Item # 2	Status 1	Category 21	Quantity 1	Description Magazine		
If Gun	Make SAR Arms	Model SARB6P	Caliber 9MM	Type / Cat Handgun	Action Semi	Finish Black	Serial Number
Leave Blank:	Item # 3	Status 1	Category 21	Quantity 1	Description Holster		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item # 4	Status 1	Category 21	Quantity 13	Description 9mm Rounds		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item # 5	Status 1	Category 21	Quantity 1	Description LETTER / NOTE		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item #	Status	Category	Quantity	Description		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item #	Status	Category	Quantity	Description		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item #	Status	Category	Quantity	Description		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item #	Status	Category	Quantity	Description		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number

**INITIALS**

Pursuant to 790.401(7)(c), Florida Statutes, the firearm(s) and/or ammunition and/or license to carry a concealed weapon were surrendered by Respondent or seized by a Deputy of the Volusia County Sheriff's Office on 05-30-2019

Respondent \_\_\_\_\_

I am the owner of the firearm(s), ammunition, or license to carry a concealed weapon or firearm and I hereby knowingly and voluntarily consent to the surrender of the items listed in this report to the Volusia County Sheriff's Office.

Respondent \_\_\_\_\_

I am the owner of the firearm(s) and/or ammunition listed in this report. I hereby request the firearms and/or ammunition be turned over to:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

Respondent \_\_\_\_\_ (Telephone Number) \_\_\_\_\_

I, Deputy or Evidence Employee of the Volusia County Sheriff's Office, acknowledge receipt of the above listed items which were either surrendered or seized on 05-30-2019, at 594 N State Road 415 Osteen FL 327

**SIGNATURES**

SEIZED \_\_\_\_\_ 5-30-19 \_\_\_\_\_ [Signature] \_\_\_\_\_

Respondent Date Deputy

CUSTODY	Item # 1-4	Date: 5-30-19	Time: 0600	Released by (Printed): STUBBLEFIELD	Released by (Signature): [Signature]	Received by (Printed): DY EVIDENCE	Received by (Signature):	
	Leave Blank	Reason for Change: EVIDENCE RPO						
CUSTODY	Item # 5	Date: 5-30-19	Time: 0600	Released by (Printed): STUBBLEFIELD	Released by (Signature): [Signature]	Received by (Printed): DY EVIDENCE	Received by (Signature):	
	Leave Blank	Reason for Change: EVIDENCE RPO						
ADMIN.	Officer Reporting - Printed Kletus Stubblefield			Officer Reporting - Signature [Signature]		ID Number 9004	Unit 1A49	Date 05-30-2019
	Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)		ID Number	Unit	Date