

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

VSO Case Number 20-19452

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST {Name of Respondent} [REDACTED]

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

I, {full legal name} Galarza, Billy, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia 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:

See additional pages

1 Additional pages are attached.

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

1 Additional pages are attached.

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 _____	Type _____	Location _____
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: 10/25/20

Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this 25 day of October, 2020, by Deputy B. Galarza

Affiant's name


Signature of Attesting LEO Witness

Sgt. K Teske
Print name of Attesting LEO Witness

OR


Signature of Notary Public

Deputy B. Galarza
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known or Produced Identification

(Type of Identification Produced)