

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

VSO Case Number
20-22037

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST {Name of Respondent} _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Joseph Borbely _____, in my position as {job title} Deputy Sheriff II _____ 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} _____ 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:

BWC RECORDING

On 12/2/2020 at approximately 1849 hours, Deputies were dispatched to _____ Deltona in reference to a suicidal person. While en route, Central Communications advised _____ (V1) was inside his home searching for a shotgun as reported by his ex-girlfriend, _____ (R1).

2 Additional pages are attached.

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

 Additional pages are attached.

AFFIDAVIT CONTINUATION

FROM SECTION 1 _____
PAGE 2 OF 3 _____

Upon arrival, Deputy Borbely encountered ██████ outside the residence. During the initial encounter, ██████ appeared disheveled and was making erratic movements. Deputy Borbely attempted to communicate with ██████ which failed and ██████ retreated inside his home. Deputies ensured there was no one else in the home and relocated ██████ and her children away from the residence. Additional Deputies arrived on scene and set a perimeter around the residence.

Deputies contacted ██████ outside the residence in the driveway with her children. ██████ stated she picked up ██████ around 1730 hours in an attempt to assist him with therapy for his drug addiction and suicidal thoughts. While en route for medical treatment, ██████ stated he became irate and accused her of cheating on him. ██████ stated he started to strike himself in the face and was banging his head inside the car. ██████ stated when they returned home ██████ stated he would look for his shotgun to kill himself.

Deputies attempted to contact ██████ multiple times via cell phone which yielded negative results. Deputies were able to retrieve a phone number for ██████'s mother, ██████ (OI) to assist with contacting him via cell phone. ██████ texted his family members stating "he is fine and wants to be left alone."

Deputies attempted multiple times to have ██████ exit the home which yielded negative results. Due to only ██████ occupying the residence, the lack of cooperation by ██████ deputies tactically withdrew from the immediate area. Deputy Borbely relocated to the Walmart at 1569 Saxon Blvd with ██████ to obtain a written statement. ██████ was able to leave the area with her children to stay at her mother's home.

At approximately 2016 hours, Deputies were able to observe a dark in color pickup truck, bearing FL tag: ██████ approach the residence. Deputies observed ██████ pickup ██████ and leave the area. Deputies conducted a traffic stop in the area of Saxon Blvd and Falmouth Av and were able to make contact with ██████

Upon contact with ██████ Deputy Borbely observed ██████ to be calmer since he was with his mother, ██████ stated ██████ has had time to detox and she wished for him to receive medical treatment.

Based upon ██████ statements, ██████'s behavior and possession of a firearm, Deputy Borbely determined without care and treatment, there is a significant likelihood ██████ is a danger to himself or others. ██████ was taken into protective custody under the Baker Act and transported to Halifax Health. ██████ did not admit to making his statements while in custody.

3. Affiant ___ is X 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</u>	Type	<u>Savage Arms Shotgun</u>	Location	<u>VSO Evidence</u>
Quantity	<u>1</u>	Type	<u>Rifled Slug</u>	Location	<u>VSO Evidence</u>
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: 12/2/2020 Signature of Affiant: Joseph Borbely

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 2 day of December, 2020, by D/S Joseph Borbely
Affiant's name

[Signature] C. Campbell 8551
Signature of Attesting LEO Witness

Deputy C. Campbell 8551
Print name of Attesting LEO Witness

OR

Signature of Notary Public

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known or Produced Identification

(Type of Identification Produced)

VOLUSIA SHERIFF'S OFFICE

Clark of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Report Date	Report Time	Orig. Reported Date	Nature of Call (for Incident)	Agency Report Number	1. Original	2. Supplement
12/2/2020	2100	12/2/2020	SUICIDAL PERSON	20-22037		1
Status Code: 1. Evidence 7. Recovered (Outside Agency Recovered) 13. Disposal 17. Baker Act 22. RPO (Voluntary Surrender) 23. RPO (Seized) Category Code: J. Special Documents Y. All Other Items (Guns and Ammunition)						
Leave Blank:	Item #	Status	Category	Quantity	Description	
	1	23	Y	1	Savage Arms 12 GA SHOTGUN	
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish
	SAV	320	12		Pump	
Serial Number	151900G					
Leave Blank:	Item #	Status	Category	Quantity	Description	
	2	23	Y	1	FEDERAL 3 INCH RIFLED SLUG	
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						
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 Sheriff's Office on 12/2/2020

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 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) Unable to Provide
 (Address) _____
 (Telephone Number) _____

Deputy:
 I, Deputy or Evidence Employee of the Volusia Sheriff's Office, acknowledge receipt of the above listed items which were either surrendered or seized on 12/2/2020, at _____ Deltona

SIGNATURES
 Respondent: _____ Date: _____
 Deputy: *Joseph Borbely*

Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):
Leave Blank:						
Reason for Change:						
Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):
Leave Blank:						
Reason for Change:						
ADMIN.	Officer Reporting - Printed D/S J. BORBELY	Officer Reporting - Signature <i>Joseph Borbely</i>	ID Number 9061	Unit 1C43	Date 12/2/2020	
	Officer Reviewing - Printed (if Applicable)	Officer Reviewing - Signature (if Applicable)	ID Number	Unit	Date	