

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

VSO Case Number
21-17458

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA _____

I, {full legal name} RYAN CASON, 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} _____ 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 09/17/2021, at approximately 2314 hours, Deputy Peitz responded to _____ Ormond Beach, in reference to a reported suicidal person. Central dispatch was notified by _____ (R1), step father of _____ (V1), who advised _____ sent him a text message containing suicidal statements. Deputy Peitz made contact with _____ via telephone, who advised _____ sent him a text message stating the

1 Additional pages are attached.

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

_____ 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 <u> 1 </u>	Type <u> HANDGUN </u>	Location <u> EVIDENCE </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>

 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: 09/24/2021 Signature of Affiant: D/S [Signature] 9305

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 24 day of SEPTEMBER , 2021 , by DEPUTY CASON
Affiant's name

Signature of Attesting LEO Witness

 DEPUTY BISSONNETTE
Print name of Attesting LEO Witness

OR

 [Signature] #9005
Signature of Notary Public

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

Personally known or Produced Identification

 PERSONALLY KNOWN
(Type of Identification Produced)