

**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}* _____

VSO Case Number 22-14866

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, *{full legal name}* Deputy Sheriff _____, 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 8/2/2022 at 2156 hours Deputy Stacy was dispatched to _____ Deltona, in reference to a mentally ill person.

Deputy Stacy made contact with _____ who stated she had gotten a worrisome call from _____ stating her son _____ was acting erratically and out of the normal. _____ stated she then called _____ who a

_____ 2 _____ Additional pages are attached.

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

N/A

_____ Additional pages are attached.

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

VSO Case Number
22-14866

AFFIDAVIT CONTINUATION

FROM SECTION 1
PAGE 3 OF 3

Deputy Stacy ran the Ruger pistol bearing serial number [REDACTED] Deputies ran the serial number through administrative radio who found no records of the firearm.

Due to statements given to Deputies from family and [REDACTED]'s statements on scene Deputy Stacy determined he was a danger to himself and others and was placed into protective custody under a Baker Act and transported to SMA.

Deputy Stacy submitted the firearm to evidence for safe keeping.

Deputy Stacy completed a Risk Protection Order on [REDACTED].

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:

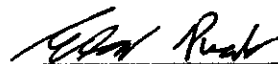
Quantity	_____	Type	9MM RUGER	Location	EVIDENCE
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

_____ 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: 08/03/2022 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 03 day of August, 2022, by Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff
Affiant's name


Signature of Attesting LEO Witness

Prado 9133
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

Page _____ of _____ Pages

Report Date 8/3/22	Report Time 2149	Orig. Reported Date 8/2/22	Nature of Call (for Incident) MIP	Agency Report Number 22-14886	1. Original 2. Supplement 1
Status Code: 1. Evidence 6. Recovered		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 # 1	Status 22	Category Y	Quantity 1	Description RUGER 9MM PISTOL W/ MAGAZINE
If Gun	Make RUGER	Model UNK	Caliber 9MM	Type / Cat PI	Action SEMI-AUT
				Finish SILVER	Serial Number 309-14742
Leave Blank:	Item # 2	Status 22	Category Y	Quantity 16	Description 16 ROUNDS OF 9MM AMMUNITION
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 _____

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) _____
(Address) _____
(Telephone Number) _____

Respondent

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 8-2-22, at _____, Daytona

SIGNATURES

UNABLE

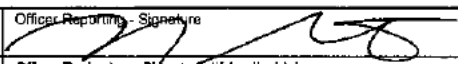
8-3-22



Respondent

Date

Deputy

CUSTODY	Item # 1-2	Date: 8/3/22	Time: 2322	Released by (Printed): [Redacted]	Released by (Signature):	Received by (Printed): D/S Stacy	Received by (Signature):	
	Leave Blank			Reason for Change: RPO Voluntary Surrender				
CUSTODY	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 Stacy #9439			Officer Reporting - Signature 		ID Number 9439	Unit 1D47	Date 8/3/22
	Officer Reviewing - Printed (If Applicable)			Officer Reviewing - Signature (If Applicable)		ID Number	Unit	Date