

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]

VCISO Case Number
19-10732

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 05-17-2019, Deputies responded to a domestic disturbance at [REDACTED], Deltona. The Victim stated to deputies, [REDACTED] threatened to shoot her in the face with his pistol. The victim told deputies she has seen [REDACTED] with a gun before however does not know if it was his. The victim is in fear for her life and has moved all of her belongings out of her house and is temporarily living with her brother due to the credible

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 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.

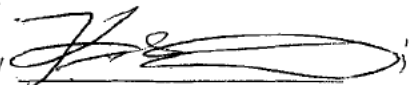
AFFIANT HEREBY CERTIFIES UNDER PENALTY OF PERJURY THAT THE STATEMENTS AND FACTS IN THIS AFFIDAVIT AND IN ANY ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Dated: 05-18-2019

Signature of Affiant:



Sworn to or affirmed and signed before me on 05-18-2019 by



Date

Affiant's Name

who is personally known to me or ___ presented _____, as identification.

Deputy Gloria 8918

Attesting LEO Witness or Notary Public, State of Florida

My commission expires: LEO