

IN THE CIRCUIT COURT OF THE 7th JUDICIAL CIRCUIT,  
IN AND FOR VOLUSIA COUNTY, FLORIDA

VSO Case Number  
20-18845

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

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, {full legal name} GRANT ROSS, in my position as {job title} DEPUTY SHERIFF with the {name of law enforcement officer/agency} VOLUSIA SHERIFF 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 10/16/2020 at approximately 1439 Deputy Ross responded to ██████████ Deland, in reference to an aggravated assault.

Upon arrival Deputy Ross made contact with ██████████ (D1). ██████████ stated that he and his neighbor were having a verbal dispute over property boundaries.

1 Additional pages are attached.

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

Advised ██████████ pointed a firearm at him during a verbal argument.

0 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>Rifle</u>	Location	<u>EVIDENCE</u>
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

*ju*

\_\_\_\_\_ 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: 10/16/2020

Signature of Affiant: *[Signature]* 9181

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

this 16th day of October, 2020, by Grant Ross

Affiant's name

*[Signature]* 8206  
Signature of Attesting LEO Witness

Sean McRae  
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)