

IN THE CIRCUIT COURT OF THE Seventh JUDICIAL CIRCUIT,  
IN AND FOR Volusia COUNTY, FLORIDA

VSO Case Number  
200009531

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

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF Volusia

I, {full legal name} John T Diggins, 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} \_\_\_\_\_ Jr. 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:

\_\_\_\_\_ made statements to deputies confirming he spoke to his sister over the telephone during which he advised he was stressed out, has not been taking his medication and threatened to shoot himself in the head. \_\_\_\_\_ advised he was diagnosed with manic depression which he is supposed to take prescribed medication.

2 Additional pages are attached.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2 Additional pages are attached.

**AFFIDAVIT CONTINUATION**

FROM SECTION \_\_\_\_\_  
PAGE 1 OF 1

On May 23, 2020 at approximately 1328 hours Deputy Edwards was dispatched to ██████████  
Debary in reference to a suicidal person.

The dispatched call was received from ██████████ who is the Sister of ██████████ (V1). ██████████ informed  
dispatchers ██████████ contacted her via telephone. ██████████ verbally stated he has not taken his prescribed  
medication for depression in approximately two weeks and wanted to shoot himself in the head. ██████████  
also advised ██████████ does own a handgun which he typically keeps it nearby in the bedroom.

Deputies responded to the residence and made contact with a roommate of ██████████ (O1).  
██████████ informed deputies ██████████ resides behind the residence inside of a detached shed. ██████████ has  
lived with ██████████ for approximately five months and stated he was aware ██████████ has not taken his  
medication but did not observe any suspicious behavior. ██████████ contacted ██████████ via telephone and  
asked him to walk out of the detached shed and enter the carport.

██████████ complied and made contact with Deputy Edwards. Upon making contact, ██████████ stated he did  
contact his sister via telephone and confirmed he did verbally say he wanted to shoot himself but had no  
real intentions of doing so. ██████████ informed deputies the firearm was inside of the shed and provided  
consent to retrieve the handgun. The handgun was secured and rendered safe by Deputy Johnson.

██████████ advised Deputy Edwards he did not wish to seek a mental health evaluation. Based on the totality  
of the circumstances information Deputy Edwards determined ██████████ refused voluntary treatment and  
was a credible threat to himself and likely to cause great bodily harm to himself. ██████████ was placed into  
protective custody and transported to Stewart Marchman, Daytona Beach for further evaluation.

The handgun was seized per temporary RPO and placed in the District Six evidence locker.  
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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>Glock 19 pistol</u>	Location <u>VSO custody</u>
Quantity <u>228</u>	Type <u>9mm ammo</u>	Location <u>VSO custody</u>
Quantity _____	Type _____	Location _____
Quantity _____	Type _____	Location _____
Quantity _____	Type _____	Location _____
Quantity _____	Type _____	Location _____

7 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: 05/23/2020 Signature of Affiant: *D/S Diggins*

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 23 day of May, 2020, by D/S Diggins, J.  
Affiant's name

\_\_\_\_\_  
Signature of Attesting LEO Witness

D/S Richardson, J. 8435  
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

Clerk of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

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Report Date 05/23/2020	Report Time 1408	Orig. Reported Date 05/23/2020	Nature of Call (for Incident) SP	Agency Report Number 20-0009531	1. Original 2. Supplement   1
Status Code: 1. Evidence 6. Recovered 7. Recovered (Outside Agency Recovered) 13. Disposed 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 1	Category Y	Quantity 1	Description BLACK HANDGUN w/ case
If Gun	Make GLOCK	Model 19	Caliber 9MM	Type / Cat PISTOL	Action SEMI AUTOMATIC
				Finish BLACK	Serial Number VRG445
Leave Blank:	Item # 2	Status 1	Category Y	Quantity 228	Description 9 MM HANDGUN AMMUNITION
If Gun	Make	Model	Caliber	Type / Cat	Action
				Finish	Serial Number
Leave Blank:	Item # 3	Status 1	Category Y	Quantity 4	Description 9mm magazines
If Gun	Make	Model	Caliber	Type / Cat	Action
				Finish	Serial Number
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If Gun	Make	Model	Caliber	Type / Cat	Action
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If Gun	Make	Model	Caliber	Type / Cat	Action
				Finish	Serial Number

**INITIALS**  
 X LM Respondent 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 05/23/2020

X LM 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.

X LM 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) \_\_\_\_\_, DEB  
 (Telephone Number) \_\_\_\_\_

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 05/23/2020, at \_\_\_\_\_ DEBARY, FL 32713

**SIGNATURES**  
 X \_\_\_\_\_ Respondent 5/23/2020 Date \_\_\_\_\_ Deputy

CUSTODY	Item # 1-3	Date: 05/23/20	Time: 1416	Released by (Printed): _____	Released by (Signature): _____	Received by (Printed): D/S DIGGINS, J.	Received by (Signature): _____	
	Leave Blank	Reason for Change: BAKER ACT						
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 DIGGINS, J.			Officer Reporting - Signature _____		ID Number 9127	Unit 1A65	Date 05/23/2020
	Officer Reviewing - Printed (if Applicable) S. J. Shivers			Officer Reviewing - Signature (if Applicable) _____		ID Number 6819	Unit 1A60	Date 05-23-2020