

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

VSO Case Number
210000142

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Deputy Michael Morgan, 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 January 4, 2021, at 1247 hours Deputy Morgan conducted a follow up with a reporting person in this case, ██████████ (R2), who advised the following:
Approximately 16 years ago, after the birth of her granddaughter, her son ██████████ (V1), began to display signs of mental illness. ██████████ was eventually diagnosed with schizophrenia. Over time that diagnoses was reversed, and ██████████ was diagnosed with

1 Additional pages are attached.

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

On January 4, 2021, at 1247 hours Deputy Morgan conducted a follow up with a reporting person in this case, ██████████ (R2), who advised the following:
Approximately 16 years ago, after the birth of her granddaughter, her son ██████████ (V1), began to display signs of mental illness. ██████████ was eventually diagnosed with schizophrenia. Over time that diagnoses was reversed, and ██████████ was diagnosed with

1 Additional pages are attached.

AFFIDAVIT CONTINUATION

FROM SECTION 2 _____
PAGE 1 _____ OF 1 _____

bi-polar disorder. Over the last 16 years, ██████ has taken various medications, which seemed to help ██████ maintain a stable life. Approximately every two years, or thereabout, ██████ suffers from a mental health crisis, which typically causes ██████ to lose his job, and then his healthcare. In turn, ██████ mental health crisis worsens until he is taken into protective custody and stabilized.

Approximately three weeks ago, ██████ noted ██████ behavior was suggesting the onset of a mental health crisis. ██████ cited instances during that timeframe where ██████ had told her that he drove his truck on Spring Garden Av and Euclid Av in excess of 100 MPH. ██████ bragged to ██████ that he was driving so fast that the police could not catch him. Additionally, ██████ made comments to ██████ that he was using "meth". ██████ does not believe ██████ is using narcotics as she has never known him to do so.

On January 2, 2020, at 0816 hours, ██████ called the Sheriff's Office to report ██████ was bleeding from his shoulder after breaking windows at his home on ██████. While on the phone, Clifton ██████ walked away from the residence and out of sight of ██████. Deputies responded and were ultimately unable to locate ██████ walking in the area. Deputies contacted ██████ and determined ██████ had made no suicidal statements. The call number for this call is #P210020551.

On January 2, 2020, at 1215 hours, ██████ again called the Sheriff's Office, this time to report that ██████ was now at his house at ██████ DeLeon Springs, and that he was breaking more windows and had cut himself again. The call number for this call is #P210020935.

On January 3, 2020, at 1542 hours, ██████ father, ██████, called the Volusia Sheriff's Office to report ██████ was "beating on the door and truck outside". Deputies responded and ██████ (VI) advised that he had not slept in five days, that he placed an "X" on his residence, and that would be the end of his father's life. Contact was made with ██████ who advised he called VSO due to having observed ██████ (VI) breaking a lamp, attempting to open the hood of his vehicle, and attempting to enter the residence. Deputies determined based on the statements made that there was a likelihood that without care or treatment he could cause serious bodily harm to himself or others, as evidenced by recent behavior. Deputies determined ██████ did in fact meet Baker Act criteria; ██████ was subsequently taken into protective custody and transported to SMA Healthcare.

██████ further explained ██████ told her that he had purchased two firearms on 12/29/20, and that he was going to "kill all the meth heads", and planned to do so after picking up the firearms after the mandatory waiting period. While ██████ made no mention of specific names, ██████ apparently displayed a receipt for a firearm to ██████. ██████ kept the receipt and later showed it to Deputy Morgan. The receipt does not show the name or address of the gun store. The firearm listed is an AK47 style 12 gauge shotgun. The second firearm is a handgun, but the location of the receipt for that is not known. ██████ completed a sworn written statement addressing her concerns about ██████

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:

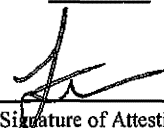
| | | |
|-------------------|---------------------|---------------------------------|
| Quantity <u>1</u> | Type <u>Shotgun</u> | Location <u>Unknown Gunshop</u> |
| Quantity <u>1</u> | Type <u>Handgun</u> | Location <u>Unknown Gunshop</u> |
| Quantity _____ | Type _____ | Location _____ |
| Quantity _____ | 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: 01/04/2021 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 04 day of January, 2021, by D/S Morgan
Affiant's name


Signature of Attesting LEO Witness

D/S Ferrari #8425
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)