IN THE CIRCUIT COURT OF THE Seventh IN AND FOR Volusia

JUDICIAL CIRCUIT, COUNTY, FLORIDA

VSO Case Number 21-18365

IN RE: PETITION FOR RISK PROTECTION ORDER

AGAINST {Name of Respondent}

<u>AFFIDAVIT</u>				
STATE OF FLORIDA				
COUNTY OF Volusia				
I, {full legal name} D/S Cowger	, in my position as {job			
title} Deputy Sheirff with the {name of law enforcement officer/agent				
Volusia Sheriff's Office , swear and affirm that the fo	ollowing 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:			
(R1), who advised her husband,	(V1) was making suicidal			
statements. She advised on the evening of 9/28/2021,	(V1) pointed a firearm to his			
head and stated he was going to kill himself during a arg	gument he had with (R1).			
(R1) stated she believed the problem was resolved	ed until (V1) told her today			
he was going to kill himself by consuming pills.				
A 11/2 and makes are attached				
Additional pages are attached.				
••				
2. {Name of Witness}	provided the following			
information based on his/her personal knowledge:	_			
(D1) substantiated how husband	(V1) was making suicidal			
(R1), who advised her husband,	(V1) was making scheduling (V1) pointed a firearm to his			
statements. She advised on the evening of 9/28/2021,				
head and stated he was going to kill himself during a argument he had with (R1). (R1) stated she believed the problem was resolved until (V1) told her today				
he was going to kill himself by consuming pills.	(7 1) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Additional pages are attached.				

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AFFIDAVIT CONTINUATION

FROM SECTION V
PAGE 1 OF 1
BWC FOOTAGE
On 9/30/2021 at approximately 1345 hours, Deputy Cowger responded to
Ormond Beach in reference to a suicidal person.
Deputy Cowger made contact with the reporting party, (R1), who advised her husband,
(V1) was making suicidal statements. She advised on the evening of 9/28/2021, (V1)
pointed a firearm to his head and stated he was going to kill himself during an argument he had with
(R1). She advised he tripped and fell and she took custody of the firearm, and temporary resolved the issues. (R1) stated she called a family friend, (W1) who took custody of the
()
firearms which belonged to (V1). (R1) stated she believed the problem was resolved until (V1) told her today he was going to kill himself by consuming pills.
(VI) told liet today lie was going to kill initisely by consuming plus.
Deputy Cowger spoke with (V1) who did not wish to speak with him about the current topics.
Deputy Cowger determined that there was a likelihood without care or treatment serious bodily harm to himself or others. Deputy Cowger placed provisions of a baker act. (V1) into custody under
(V1) was transported to Halifax Hospital for further evaluation.
Deputy Cowger, completed a Temporary Risk Protection Order with was submitted at District Three
North.

			VSO Case Number 21-18365
3. Affiant _	is _X_ is not aware of a	ny existing protection order go	overning the
responder	it under any applicable statu	te.	
	Known protection orders are	attached	
	o be in the respondent's curr	Fall firearms and ammunition tent ownership, possession, cus	
Quantity	Туре	Location	<u> </u>
		Location	
•	Туре	Location	
		Location	
	Type	Location	
Quantity			
	TO CORRECT TO THE B	FFIDAVIT AND IN ANY AT EST OF MY KNOWLEDGE of Affiant:	- CARPENDAL PROPERTY OF THE PARTY OF THE PAR
Dated. <u>2/20/202</u>	1		
Sworn to (or affin	med) and subscribed before me	by means of 🛛 physical presen	ce or online notarization
this 30th day	of September	2021 , by D/S Cowger Affiant's name	me
		Zakarioh Bo	ncon (9251)
Signature of Attesting	LEO Witness	Print name of Attesting	g LEO Witness
		OR	
	*		
Signature of Notary P	ublic		
(Print, Type, or Stamp	Commissioned Name of Notary Pub	lic)	

Page 2 of 2

Produced Identification

Personally known

(Type of Identification Produced)

or