

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

VSO Case Number
21-19006

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST {Name of Respondent} [REDACTED]

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Deputy Micah Stoltz, in my position as {job title} Deputy II 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} [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 10-09-2021, [REDACTED] was fired from his job at Chuck Robert's towing in DeLand. [REDACTED] was upset as a result and told his manager he wanted to blow his head off with a gun. He also said he wanted to eat a bullet. A firearm and ammunitions was found on [REDACTED] person.

1 Additional pages are attached.

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

[REDACTED] was present when [REDACTED] made the suicidal statements. [REDACTED] provided a sworn written statement

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> .38 Revolver </u>	Location <u> VSO EVIDENCE </u>
Quantity <u> 21 </u>	Type <u> .38 cal bullets </u>	Location <u> VSO EVIDENCE </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>
Quantity <u> </u>	Type <u> </u>	Location <u> </u>

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: 10/09/2021

Signature of Affiant: 

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

this 9 day of October , 2021 , by DIS Stottz
Affiant's name


Signature of Attesting LEO Witness

Wesley Blum 8151
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)