

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

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

VSO Case Number
21-8373

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

I, *{full legal name}* Michael McGinnis, in my position as *{job title}* Deputy Sheriff II with the *{name of law enforcement officer/agency}* Volusia Sheriffs 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 05-06-2021 at 1510 hours Deputy Kent responded to [REDACTED] in reference to a suicidal subject with a firearm. On arrival Deputy Kent made contact with South Daytona Police who already had [REDACTED] (V1) secured. Deputy Kent spoke with [REDACTED] and asked him what happened. [REDACTED] advised he wanted to commit suicide by putting a gun in his mouth.

1 Additional pages are attached.

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

_____ 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>9mm</u>	Location	<u>[REDACTED], DB</u>
Quantity	<u>1</u>	Type	<u>AK47</u>	Location	<u>[REDACTED], DB</u>
Quantity	<u>400</u>	Type	<u>Ammunition</u>	Location	<u>[REDACTED], DB</u>
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: 05/10/2021

Signature of Affiant:



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

this 10 day of May, 2021, by Deputy McGinnis
Affiant's name


Signature of Attesting LEO Witness

AS G Davis
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)