

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} ██████████

VCSO Case Number 220011576

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Wesley A Blum, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia Sheriff 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:

See continuation pages

1 Additional pages are attached.

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

During an argument, ██████████ armed himself with a handgun and threatened to shoot himself in the head. ██████████ provided Deputy Blum with a sworn verbal statement which was captured on BWC.

0 Additional pages are attached.

3. Affiant ___ is 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 _____	Type _____	Location _____
Quantity _____	Type _____	Location _____
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: 06/14/2022

Signature of Affiant:  _____

Sworn to or affirmed and signed before me on 06/14/2022 by Deputy Erin Childs who is personally known to me or ___ presented _____, as identification.



Notary Public, State of Florida
My commission expires: _____