

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

VSO Case Number
220015590

IN RE: PETITION FOR RISK PROTECTION ORDER

AGAINST {Name of Respondent} _____

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Deputy Sheriff Corey Oldham, 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:

*** BWC RECORDING *** On 08/14/2022 at approximately 1439 hours, Deputy Oldham responded to _____ Deltona in reference to a suicidal person. Upon arrival, Deputies made contact with the reporting party, _____ (R1) who stated she had gone to her Aunt's residence to check in on her due to her knowledge of her aunts drinking problem. _____ stated upon arrival to the residence she observed _____ (V1) laying on the couch with feces all over the floor and empty bottles of

1 Additional pages are attached.

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

Upon arrival, Deputies made contact with the reporting party, _____ (R1) who stated she had gone to her Aunt's residence to check in on her due to her knowledge of her aunts drinking problem. Donna stated upon arrival to the residence she observed Tanya Isaacs (V1) laying on the couch with feces all over the floor and empty bottles of alcohol. _____ stated to Deputies _____ made a statement stating she wanted to take a gun and shoot herself.

1 Additional pages are attached.

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AFFIDAVIT CONTINUATION

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alcohol. [REDACTED] stated to Deputies [REDACTED] made a statement stating she wanted to take a gun and shoot herself. Deputies made contact with [REDACTED] who was on the couch in the dining room visibly trembling. Deputy Oldham inquired of any medical issues for which [REDACTED] stated he has been trying to quit drinking and is detoxing from alcoholism. Deputy Oldham inquired of any self harming statements [REDACTED] made for which [REDACTED] stated to Deputy Oldham prior to his arrival she made statements regarding shooting herself to make the pain of detoxing go away. [REDACTED] stated she does not own any weapons or have any in the residence. After speaking with [REDACTED] Deputy Oldham determined without psychological evaluation and treatment [REDACTED] posed a significant danger to herself. [REDACTED] was placed under the protective custody of a Baker Act and later transported to Halifax Hospital Deltona via Deltona fire without further incident. Deputy Oldham completed a Risk Protection Order on [REDACTED] Case Status: Closed

3. Affiant is is not aware of any existing protection order governing the respondent under any applicable statute.

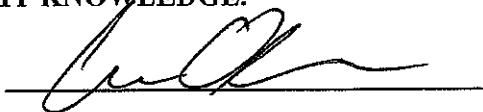
0 Known protection orders are attached

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:

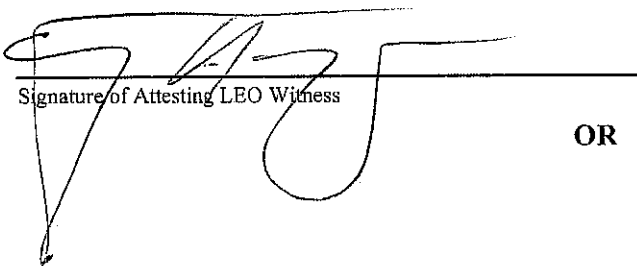
Quantity	<u>UNK</u>	Type	<u>UNK</u>	Location	<u>UNK</u>
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

_____ 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: 08/14/2022 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14 day of August, 2022, by Deputy Sheriff Corey Oldham
Affiant's name


Signature of Attesting LEO Witness

Deputy Tiffany King
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)