

**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}* _____

VSO Case Number 220018564

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, *{full legal name}* Deputy Sheriff Brittany Crofutt, in my position as *{job title}* Deputy Sheriff 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}* _____ 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 Additional Page

 1 Additional pages are attached.

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

See Additional Page

 1 Additional pages are attached.

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AGAINST {Name of Respondent} _____

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220018564

AFFIDAVIT CONTINUATION

FROM SECTION 1 & 2

PAGE 1 OF 1

BWC ACTIVE

On 09/26/2022 at approximately 1413 hours Deputy Crofutt was dispatched to _____ DeLand in reference to a suicidal subject.

Deputy Crofutt made contact with _____ (R1) over the phone who advised her husband, _____ (V1), was upset about their most recent separation and was threatening to commit suicide with his firearm. _____ stated at one point they were on 'FaceTime' and _____ was hitting himself in the head holding his firearm making numerous suicidal statements. _____ was on his way back to their apartment to meet with _____ after leaving his brothers residence.

Deputies arrived on scene and made contact with _____ who was unarmed and cooperative with Deputies. _____ advised he was going through some hard times with _____ and acknowledged he needed to get mental help, furthermore _____ admitted to making numerous suicidal statements throughout the day to _____

Deputy Crofutt determined that _____ was a danger to himself and others as evidenced by recent behavior and placed him into protective custody under a baker act. Deputy Crofutt transported _____ to SMA to seek further psychiatric evaluation.

It should be noted that _____ and his vehicle were searched and no firearm was recovered at the time of this report. _____ advised he took the firearm to his brother's residence for safe keeping due to his suicidal ideation's. _____ was able to contact _____'s brother who advised he currently had position of _____'s firearm. Deputy Crofutt conducted a criminal history of _____ which revealed he was not a convicted felon. Due to the totality of circumstances a Risk Protection Order was completed for _____ due to him having the ability and access to firearms.

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>1</u>	Type	<u>Pistol</u>	Location	<u>Unknown Address</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: 09/26/2022 Signature of Affiant: *BQJW* #8939

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 26 day of September, 2022, by _____

Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff Deputy Sheriff

Affiant's name

A. Granito #8525
Signature of Attesting LEO Witness

A. Granito
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)