

**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<br>220020528 |
|------------------------------|

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, *{full legal name}* Deputy Royce James, 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:

|                |
|----------------|
| See Attachment |
|----------------|

\_\_\_\_ 1 Additional pages are attached.

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

|  |
|--|
|  |
|--|

\_\_\_\_ 1 Additional pages are attached.

IN RE: PETITION FOR RISK PROTECTION ORDER  
AGAINST {Name of Respondent} \_\_\_\_\_

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**AFFIDAVIT CONTINUATION**

FROM SECTION \_\_\_\_\_  
PAGE 2 OF 2

On October 25, 2022 at approximately 1637 hours Deputy James was dispatched to \_\_\_\_\_  
\_\_\_\_\_ Debarry FL in reference to a suicidal Person. Upon arrival to the home Deputies made contact  
with \_\_\_\_\_ (O1) and his wife \_\_\_\_\_ (V1). \_\_\_\_\_ told Deputies she  
wanted to kill herself and purchased a firearm to commit suicide. \_\_\_\_\_ was in contact with a  
medical provider via tele-health and told them she wanted to commit suicide with the firearm she  
purchased. \_\_\_\_\_ told Deputies he was told by \_\_\_\_\_ she wanted to kill herself and she  
went and purchased a firearm. \_\_\_\_\_ found the .22 caliber revolver and placed it inside of his  
vehicle. \_\_\_\_\_ was able to explain \_\_\_\_\_ purchased the revolver and loaded it with  
ammunition. \_\_\_\_\_ pointed out the firearm was loaded incorrectly and would not be able to  
fire due to a round being placed into the revolver backwards. Deputy James took possession of  
the .22 caliber firearm (S/N \_\_\_\_\_) which after running the serial number was not stolen.  
\_\_\_\_\_ was taken into custody under the Baker Act and transported to Stewart Marchman  
without incident.

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


\_\_\_\_\_ 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>.22 Revolver</u> | Location | <u>Evidence</u> |
| Quantity | <u>9</u> | Type | <u>.22 Caliber</u>  | Location | <u>Evidence</u> |
| 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: 10/26/2022 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 26 day of October, 2022, by Royce James  
Affiant's name

  
Signature of Attesting LEO Witness

Jevon Gardner  
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)

**VOLUSIA SHERIFF'S OFFICE**

Clerk of Court's Number

**RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT**

Page 1 of 1 Pages

| Report Date                                 | Report Time | Orig. Reported Date  | Nature of Call (for Incident) | Agency Report Number                              | 1. Original                  | 2. Supplement  |
|---|-------------|--|-------------------------------|---|------------------------------|--|
| 10/25/2022                                  | 1650        | 10/25/2022   | Baker Act                     | 220020520   |                              | 1  |
| Status Code:<br>1. Evidence<br>8. Recovered |             | 7. Recovered (Outside Agency Recovered)<br>13. Disposal<br>17. Baker Act |                               | 22. RPO (Voluntary Surrender)<br>23. RPO (Seized) |                              | Category Code:<br>J. Special Documents<br>Y. All Other Items (Guns and Ammunition) |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   | 1           | 23   | Y                             | 1   | Black .22 Caliber Revolver   |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   | Diamondback | Sidekick   | .22                           | Pistol  | Revolver                     | Black  |
| Serial Number                               | SKB0474     |  |                               |   |                              |  |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   | 2           | 23   | Y                             | 1   | 9 rounds of .22 caliber ammo |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   |             |  |                               |   |                              |  |
| Serial Number                               |             |  |                               |   |                              |  |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   |             |  |                               |   |                              |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   |             |  |                               |   |                              |  |
| Serial Number                               |             |  |                               |   |                              |  |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   |             |  |                               |   |                              |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   |             |  |                               |   |                              |  |
| Serial Number                               |             |  |                               |   |                              |  |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   |             |  |                               |   |                              |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   |             |  |                               |   |                              |  |
| Serial Number                               |             |  |                               |   |                              |  |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   |             |  |                               |   |                              |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   |             |  |                               |   |                              |  |
| Serial Number                               |             |  |                               |   |                              |  |
| Leave Blank:                                | Item #      | Status   | Category                      | Quantity  | Description                  |  |
|   |             |  |                               |   |                              |  |
| If Gun                                      | Make        | Model  | Caliber                       | Type / Cat  | Action                       | Finish   |
|   |             |  |                               |   |                              |  |
| Serial Number                               |             |  |                               |   |                              |  |

**INITIALS**

Pursuant to 790.401(7)(c), Florida Statutes, the firearm(s) and/or ammunition and/or license to carry a concealed weapon were surrendered by Respondent or seized by a Deputy of the Volusia Sheriff's Office on 10-25-2022

Respondent: \_\_\_\_\_

I am the owner of the firearm(s), ammunition, or license to carry a concealed weapon or firearm and I hereby knowingly and voluntarily consent to the surrender of the items listed in this report to the Volusia Sheriff's Office.

Respondent: \_\_\_\_\_

I am the owner of the firearm(s) and/or ammunition listed in this report. I hereby request the firearms and/or ammunition be turned over to:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Telephone Number) \_\_\_\_\_

Respondent: \_\_\_\_\_

I, Deputy or Evidence Employee of the Volusia Sheriff's Office, acknowledge receipt of the above listed items which were either surrendered or seized on 10-25-2022, at \_\_\_\_\_, Debary, FL \_\_\_\_\_

**SIGNATURES**

Respondent: \_\_\_\_\_ Date: 10-25-22

Deputy: \_\_\_\_\_

| Item #      | Date:                                       | Time:   | Released by (Printed): | Released by (Signature): | Received by (Printed): | Received by (Signature): |
|-------------|---|---|------------------------|--------------------------|------------------------|--------------------------|
| 1-2         | 10/26/22                                    | 1650  | R. James               |                          | Dist 6                 |                          |
| Leave Blank | Reason for Change:                          |   | District 6 Evidence    |                          |                        |                          |
| Item #      | Date:                                       | Time:   | Released by (Printed): | Released by (Signature): | Received by (Printed): | Received by (Signature): |
| Leave Blank | Reason for Change:                          |   |                        |                          |                        |                          |
| ADMIN.      | Officer Reporting - Printed                 | Officer Reporting - Signature                 |                        | ID Number                | Unit                   | Date                     |
|             | R James                                     |   |                        | 8599                     | 1X63                   | 10/26/2022               |
|             | Officer Reviewing - Printed (if Applicable) | Officer Reviewing - Signature (if Applicable) |                        | ID Number                | Unit                   | Date                     |
|             |   |   |                        |                          |                        |                          |