

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]

VCSO Case Number
190017789

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Zachary Andrew Flint, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia County, 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:

08/19/2019 - Deputies responded to a disturbance in the county area of Deland in which [REDACTED] produced a firearm and pointed it at the victim [REDACTED]. As a result of the investigation, [REDACTED] was arrested for aggravated assault with a deadly weapon, without the intent to kill.

0 Additional pages are attached.

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

Witnessed [REDACTED] chasing [REDACTED] across the front yard of the property and discharging his firearm in the ground.

1 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	<u>1</u>	Type	<u>Springfield pistol</u>	Location	<u>VCSO Evidence Facility</u>
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: 08/19/2019

Signature of Affiant: _____



Sworn to or affirmed and signed before me on 08/19/2019 by Deputy Zachary Flint

Date

Affiant's Name

who is personally known to me or _____ presented _____, as identification.



Attesting LEO Witness or Notary Public, State of Florida

My commission expires: _____

AFFIDAVIT CONTINUATION

FROM SECTION 2
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Name of Witness - [REDACTED] provided the following information based on his/her personal knowledge:

[REDACTED] is a neighbor he is a neighbor to [REDACTED] and was informed over the phone that [REDACTED] and [REDACTED] were in an altercation at the residence. [REDACTED] advised he approached the residence after hearing a loud commotion and observed [REDACTED] walking down the driveway as [REDACTED] and his daughter, [REDACTED] exited the garage. [REDACTED] advised [REDACTED] was holding a firearm and was chasing after [REDACTED] [REDACTED] stated as [REDACTED] was walking briskly towards [REDACTED] he was shouting for him to get off his property. [REDACTED] advised [REDACTED] then shot around off into the driveway as he still began to approach [REDACTED]

It should be noted a Ring camera on the property captured the entire incident.

[Lined area for additional text]