

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

VSO Case Number
20-15527

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} CALEB JONES, 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:

██████████ THREATENED TO HARM HIMSELF WITH A FIREARM DURING A VERBAL ARGUMENT WITH HIS WIFE. ██████████ IS DIAGNOSED WITH BI-POLAR DISORDER.

Additional pages are attached.

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

██████████ IS DIAGNOSED BI-POLAR AND THREATENED TO HARM HIMSELF WITH A FIREARM AFTER PUTTING THE BARREL IN HIS MOUTH.

Additional pages are attached.

AFFIDAVIT CONTINUATION

FROM SECTION _____
PAGE 1 OF 1

On 08-28-2020 at approximately 2120 hours, Deputy Jones responded to ██████████ in reference to a suicidal male.

Upon his arrival, deputy Jones was advised other Volusia Sheriff's Office Deputies had made contact with wife, ██████████, (O1) of the subject, ██████████, (O2). ██████████ advised ██████████ was bi-polar and was having a mental break down. ██████████ stated ██████████ threatened to kill himself with a 9mm handgun after he put the barrel in his mouth. ██████████ stated she took the firearm away from ██████████ and took the children ██████████ (O3) and ██████████ (O4) out of the residence. ██████████ said she and the children left the residence where she was contacted by Law Enforcement. ██████████ completed a written sworn statement.

██████████ stated she would be taking the children with her to stay at a hotel for the night. ██████████ turned over the firearm, a Highpoint 9mm (S/N: P181537) into the custody of law enforcement.

Deputies were eventually able to make contact with ██████████ via cell phone who was inside the residence refusing to come out to speak to law enforcement. ██████████ advised he and ██████████ had entered into a verbal argument over some home renovations which were taking place when he became upset. ██████████ stated there was no physical disturbance and he had never made any suicidal statements. ██████████ advised he was done talking with law enforcement and he was going to bed.

It should be noted that deputies made multiple attempts to have ██████████ exit the residence which were all met with negative results. Due to no one else being inside the residence besides ██████████ and no criminal violations occurring, deputies subsequently left the scene.

Deputies will attempt to make contact with ██████████ during the day tomorrow to check on his well-being.

The firearm was placed into evidence at District 6.

Deputy Jones completed the RPO paperwork which was forwarded to the VSO Legal Advisor for processing.

Deputy Jones completed an incident report solely for documentation purposes, no further law enforcement action was taken or required.

Case Status: Closed.

3. Affiant ___ is X 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>HANDGUN</u>	Location	<u>VSO CUSTODY</u>
Quantity	<u>7</u>	Type	<u>9MM AMMO</u>	Location	<u>VSO CUSTODY</u>
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: 8-28-2020

Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this 28 day of AUGUST, 2020, by CALEB JONES
Affiant's name

D/S  8435
Signature of Attesting LEO Witness

D/S J. RICHARDSON 8435
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 Courts Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Page _____ of _____ Pages

Report Date 08-28-2020	Report Time 2120	Orig. Reported Date 08282020	Nature of Call (for incident) Mentally ill Person	Agency Report Number 20-15527	1. Original 2. Supplement		
Status Code: 1. Evidence 6. Recovered		7. Recovered (Outside Agency Recovered)	13. Disposal 17. Baker Act	22. RPO (Voluntary Surrender) 23. RPO (Seized)	Category Code: J. Special Documents Y. All Other Items (Guns and Ammunition)		
Leave Blank:	Item # 1	Status 23	Category Y	Quantity 1	Description Hi-point handgun with magazine		
If Gun	Make Hi-Point	Model UNK	Caliber 9mm	Type / Cat Pistol	Action semi	Finish black	Serial Number P181537
Leave Blank:	Item # 2	Status 23	Category Y	Quantity 7	Description 9mm 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
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If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
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If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
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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 08-28-2020.
 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) Volusia Sheriffs Office
 (Address) 123 W Indiana Av Deland Fl 32720
 (Telephone Number) 386-736-5961
 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 08-28-2020, at _____, at _____ Orange City Fl, 32763

SIGNATURES
 Respondent _____ Date 8-28-2020 Deputy [Signature]

CUSTODY	Item # 1/2	Date: 8282020	Time: 2221	Released by (Printed): Sarah Willey	Released by (Signature):	Received by (Printed): D/S C. Jones	Received by (Signature): <u>[Signature]</u>	
	Leave Blank			Reason for Change: Seized				
CUSTODY	Item #	Date:	Time:	Released by (Printed):	Released by (Signature):	Received by (Printed):	Received by (Signature):	
	Leave Blank			Reason for Change:				
ADMIN.	Officer Reporting - Printed D/S C. Jones			Officer Reporting - Signature <u>[Signature]</u>		ID Number 9218	Unit 1X65	Date 8-28-2020
	Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)		ID Number	Unit	Date