## IN THE CIRCUIT COURT OF THE SEVENTH IN AND FOR VOLUSIA

## JUDICIAL CIRCUIT, COUNTY, FLORIDA

VSO Case Number 200023104

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

	AFFIDAVIT
TATE OF FLORIDA	
OUNTY OF VOLUSIA	
I, {full legal name} Brittany Crofutt	
cle} Deputy Sheriff II colusia Sheriff's Office , swea	with the {name of law enforcement officer/agency} r and affirm that the following facts are true and correct
1. {Name of Respondent} of causing personal injury to hims	poses a significant danger self/herself or others by having a firearm or any
•	control or by purchasing, possessing or receiving a following specific statements, actions, or facts give rise
	dangerous acts by the respondent:
See additional pages	
1 Additional pages are at	tached.
2. {Name of Witness} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	provided the following sonal knowledge:
	<u> </u>

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## AFFIDAVIT CONTINUATION

FROM SECTION 1
PAGE 1 OF 1
***BWC ACTIVE***
On 12/18/2020 at approximately 0742 hours Deputy Crofutt responded to , DeLand in
reference to a suicidal subject. Deputy Crofutt arrived on scene and made contact with
(V1) who advised he was suicidal. further expressed he wanted to shoot himself in
the head with a firearm. It should be noted advised he does not have any access to firearms but
states he would find one if needed. Deputy Crofutt determined there is a substantial likelihood that
without care or treatment will cause serious bodily harm to himself or others in the near future,
as evidenced by recent behavior. Deputy Crofutt placed into protective custody under a baker
act. It should be noted due to the nature of the threats a Risk Protection Order was completed and
submitted to the legal advisor.
<u> </u>

	_		protection order governing the		
respondent under an	y applicable statu	ite.			
Known pr	otection orders are	e attached			
believes to be in the as follows:	respondent's curr	ent ownersh	s and ammunition the petitioner aip, possession, custody or control are		
			Location		
			Location		
Quantity	_ Type	L	ocation		
Quantity	_ Type	L	Location		
Quantity	_ Type	L	Location		
Quantity	Type	L	ocation		
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: 18 December 2020 Signature of Affiant:  Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 18 day of December 2020, by Affiant's name  Deputy Wesley Blum DID #8181  Print name of Attesting LEO Witness  OR					
	ed Name of Notary Pub duced Identification	lic)			
(Type of Identification Produced)					

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