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
200008113

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA _____

    I, *{full legal name}* DEPUTY JACOB ADLE 9105 _____ , in my position as *{job title}* DEPUTY SHERIFF _____ with the *{name of law enforcement officer/agency}* VOLUSIA SHERRIF'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:

    ██████ MADE STATEMENTS OF KILLING HERSELF WHILE DISCUSSING HER LIFE INSURANCE POLICY WITH ████████ ROOMMATES. ████████ WANTS TO KILL HERSELF SO HER SISTER AND SON CAN BENEFIT FINANCIALLY.

       1 _____ Additional pages are attached.

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

    ██████ THREATENED TO HARM HERSELF WITH A FIREARM

       1 _____ Additional pages are attached.

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

AFFIDAVIT CONTINUATION

FROM SECTION 1 _____

PAGE 1 ____ OF 1 ____

On Tuesday, 04/28/2020, at approximately 1907 hours, Deputy Adle responded to ████████████, Debary, in reference to a suicidal person. Upon arriving on scene, Deputy Adle made contact with ████████ █ (V1) outside the aforementioned address and secured ███ in handcuffs. ____ was secured due to an alleged firearm based on information provided from VSO Central Dispatch.

Deputy Adle attempted to question ███████ about the statements ████ made; however, ____ was unable to provide any further details on the incident. ████ kept insisting to speak with ██ █ (R1).

Deputies spoke with ██████ (R1) about the incident who advised the following:

████ (R1) advised █████ discussed killing herself based on a life insurance policy ████ holds. ██ (R1) stated █████ wanted to kill herself to financially benefit █████ sister who is the primary beneficiary on the life insurance policy. ████ (R1) stated ████ possessed a firearm and threatened to use the firearm on herself. ████ (R1) completed and signed a sworn statement detailing the incident.

Deputies spoke with ██████ (W1) who provided the same account as ████ (R1). ████ (W1) completed and signed a sworn statement detailing the incident.

It should be noted the use of a firearm for ████ to harm herself was unfounded due to ████ not having access to firearms.

Deputy Adle determined ████ was unable to determine for herself whether examination was necessary. Deputy Adle established there was substantial likelihood that without care or treatment ████ would cause serious bodily to herself or others.

While in protective custody, ████ made statements to Deputy Adle advising the following:

████ advised Deputy Adle to remove the handcuffs ████ was in so Deputy Adle could kill ████ ████ stated her husband works for the FBI and CIA; and ████ husband gave authorization to kill ████

████ was transport to Stewart-Marchman crisis center in Daytona Beach for further evaluation/ treatment.

Deputy Adle completed the necessary RPO petition paperwork which was signed and forwarded to the VSO Legal Advisor for further review.

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

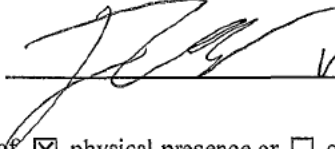   _0_____ Known protection orders are attached

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 _____ Type _____ Location _____

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: 04/28/2020 _____ Signature of Affiant: _____ *VSO 9105*

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

this __28TH__ day of APRIL_____ , __2020__ , by D/S JACOB ADLE _____

                                                     Affiant's name

E Pus #9153 _____   *Pena, E   9153* _____

Signature of Attesting LEO Witness   Print name of Attesting LEO Witness

<div align="center">OR</div>

_____

Signature of Notary Public

_____

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known   or   Produced Identification

_____

(Type of Identification Produced)