

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] [REDACTED]

VCSSO Case Number
2000009823

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} Deputy Ethan Bartzter, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia Sheriff Office, swear and affirm that the following facts are true and correct.

1. {Name of Respondent} [REDACTED] [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:

See additional page.

1 Additional pages are attached.

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

[REDACTED] stated [REDACTED] sent him text messages which stated, "This Glock X wants to take me home and I know when it's chambered."

0 Additional pages are attached.

EB

AFFIDAVIT CONTINUATION

FROM SECTION 1 _____
PAGE 2 _____ OF 2 _____

On 5/24/2020 at approximately 2346 hours, deputies responded to ██████████ DeLand in reference to a suicidal person. Prior to arrival, dispatch received information from ██████████ ██████████ (R1) that his girlfriend, ██████████ ██████████ (VI), had made suicidal statements such as, "This Glock X wants to take me home and I know when it's chambered." Responding deputies had prior knowledge of the residence and knew there were other firearms in the residence.

Upon arrival, deputies made contact with ██████████ through the front door who initially was not in possession of a firearm. ██████████ then walked out of view and returned to the front door with a firearm in her possession. Due to ██████████ possessing a firearm, deputies on scene oriented their agency issued firearms at ██████████ Deputy Hart gave verbal commands for ██████████ to drop the weapon and walk outside to which she complied. After ██████████ exited the residence and she was secured in handcuffs.

██████████ confirmed she made suicidal statements via text message to ██████████ Due to the suicidal statements made by ██████████ she was taken into protective custody under the Baker Act and transported to Stewart-Marchman ACT, Daytona Beach.

Deputy Blum searched the handgun in FCIC / NCIC and noted it to be negative for wants. Due to a weapon involved, the circumstances surrounding the incident including, and the violent threats made, a T/RPO affidavit was completed and later submitted. One firearm, magazine and 10 rounds of ammunition were seized as a result.

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>Handgun</u>	Location	<u>VSC Evidence</u>
Quantity	<u>10</u>	Type	<u>Rounds</u>	Location	<u>VSC Evidence</u>
Quantity	<u>1</u>	Type	<u>Magazine</u>	Location	<u>VSC Evidence</u>
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: 05/25/2020

Signature of Affiant: 

Sworn to or affirmed and signed before me on 05/24/2020 by Deputy Blum who is personally known to me or ___ presented _____, as identification.


Notary Public, State of Florida
My commission expires: _____

LEO

VOLUSIA COUNTY SHERIFF'S OFFICE

Clerk of Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Report Date 05/24/2020	Report Time 2336	Orig. Reported Date 05/24/2020	Nature of Call (for Incident) BAKER ACT	Agency Report Number 200009623	1. Original 2. Supplement 1
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 GREY GLOCK 43X
If Gun	Make GLOCK	Model 43X	Caliber 9MM	Type / Cat	Action Finish Serial Number BLUF284
Leave Blank:	Item # 2	Status 23	Category Y	Quantity 10	Description 9MM CALIBER ROUNDS
If Gun	Make	Model	Caliber	Type / Cat	Action Finish Serial Number
Leave Blank:	Item # 3	Status 23	Category Y	Quantity 1	Description 9MM CALIBER MAGAZINE
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 County Sheriff's Office on 05/24/2020

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 County 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 County Sheriff's Office, acknowledge receipt of the above listed items which were either surrendered or seized on 5/24/2020 at _____ DeLand FL 32720

SIGNATURES

Respondent

Date

Deputy

CUSTODY	Item # 1-3	Date 05/25/20	Time 0600	Released by (Printed): D/S BARTZER	Released by (Signature): 	Received by (Printed): D2 EVIDENCE	Received by (Signature):	
	Leave Blank			Reason for Change: RPO (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 BARTZER			Officer Reporting - Signature 		ID Number 9104	Unit 1B24	Date 5/25/2020
	Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)		ID Number	Unit	Date