

IN THE CIRCUIT COURT OF THE Seventh JUDICIAL CIRCUIT,
IN AND FOR Volusia COUNTY, FLORIDA

VSO Case Number
210011482

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Volusia

I, *{full legal name}* Nickolas Smith, in my position as *{job title}* Deputy 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:

On June 20th, 2021 at approximately 2030 hours Deputy Smith responded to ██████████ ██████████ Deltona in reference to a suicidal person. Prior to arriving on scene, Deputy Smith called ██████████ (R1) and she explained the family had removed any guns from the home due to prior incidents. Upon arriving on scene, Deputy Smith contacted ██████████ (O1) who stated his father was in the (see continuation)

1 Additional pages are attached.

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

 Additional pages are attached.

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

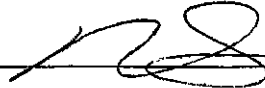
0 Known protection orders are attached

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 _____

_____ 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: 06/20/2021 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 20 day of JUNE, 2021, by NICHOLAS SMITH
Affiant's name

 9004
Signature of Attesting LEO Witness

Deputy Stubblefield
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)