

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

VSO Case Number 22-11070

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, *{full legal name}* DEPUTY SHERIFF BORBELY, in my position as *{job title}* DEPUTY SHERIFF with the *{name of law enforcement officer/agency}* VOLUSIA SHERIFFS 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:

SEE ATTACHED NARRATIVE

YES (2) Additional pages are attached.

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

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_____ Additional pages are attached.

AFFIDAVIT CONTINUATION

FROM SECTION 1
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BWC RECORDING

On 06/06/2022 at approximately 1443 hours, Deputies were dispatched to _____, Deltona in reference to a well being check. Upon arrival, Deputies contacted _____ (O1) at _____, Deltona who stated the following:

Her brother, _____ (V1), has been consuming large amounts of alcohol and making suicidal statements. _____ stated _____ has told her he is depressed and told her "he is on his way to his dead wife." _____ stated _____ has not eaten food in over nine days and has been telling her he has medical complaints such as shortness of breath. _____ stated _____ is wanting to die and he told her if she goes to the residence, she won't like what she sees. _____ also advised _____ has a history of self harm and is threatening to harm himself with a firearm. _____ told _____ in the event he doesn't shoot himself, he will die of starvation.

_____ completed a sworn written statement documenting the incident and was given a VSO card with a case number attached.

Deputies attempted to contact _____ at his residence which was initially unsuccessful. Sgt. Patterson and Deputy Rogers made efforts to contact _____ through windows and other areas of the house to check on _____. Deputies were able to speak with _____ through the screen of the front door, but were unsuccessful entering the home due to four dogs inside which were aggressive towards Deputies. Sgt. Patterson contacted Deltona Animal Control who responded to take custody of the dogs.

Deputies were able to observe _____ lying on the floor near the front door in need of medical attention. _____ told Deputies he had breathing problems and was unable to stand up on his own. Sgt. Patterson immediately requested Deltona Fire to respond to the residence and provide emergency medical attention.

Deputies checked the residence and observed a .40 caliber Glock 27 bearing serial number: FTT702 on the couch approximately three feet away from the front door.

Deputy Borbely attempted to speak with _____ who was observed having problems formulating sentences because he was in a weak state. Per Deltona Fire, _____ was transported to Advent Health (802) located at 1055 Saxon Blvd, Orange City for medical treatment. Deputy Borbely

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AFFIDAVIT CONTINUATION

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responded to 802 and provided a copy of the RPO receipt to _____

Based on statements, _____ physical state, Deputy Borbely determined without care or treatment there is a significant likelihood _____ is a harm to himself or others. Deputy Borbely filed the appropriate RPO paperwork due to self harm being mentioned with a firearm.

Case Status: Closed

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

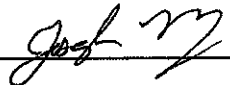
_____ Known protection orders are attached

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>GLOCK 27</u>	Location	<u>ON THE COUCH</u>
Quantity	<u>6</u>	Type	<u>.40 CAL</u>	Location	<u>ON THE COUCH</u>
Quantity	<u>1</u>	Type	<u>MAGAZINE</u>	Location	<u>ON THE COUCH</u>
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: 06/06/2022 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 06 day of June, 2022, by DEPUTY SHERIFF BORBELY
Affiant's name


Signature of Attesting LEO Witness

D/S Rogers
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 Court's Number

RISK PROTECTION ORDER / BAKER ACT FIREARMS AND AMMUNITION RECEIPT

Report Date 06/06/2022	Report Time 1700	Orig. Reported Date 06/06/2022	Nature of Call (for incident) Baker Act	Agency Report Number 22-11070	1. Original 2. Supplement 1		
Status Code: 1. Evidence 5. 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 Glock 27		
If Gun	Make Glock	Model 27	Caliber .40	Type / Cat Pistol	Action Semi-auto	Finish Black	Serial Number FTT702
Leave Blank:	Item # 2	Status 23	Category Y	Quantity 6	Description .40 Caliber Cartridges		
If Gun	Make	Model	Caliber	Type / Cat	Action	Finish	Serial Number
Leave Blank:	Item # 3	Status 23	Category Y	Quantity 1	Description Glock 27 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 Sheriff's Office on 06/06/2022

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) _____

(Address) _____

Respondent

(Telephone Number) _____

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 06/06/2022, at _____, Deltona

SIGNATURES

[Signature] Respondent Date 06/06/2022

[Signature] Deputy

CUSTODY	Item # 1-3	Date: 06/06/22	Time: 1700	Released by (Printed): D/S J. Borbely	Released by (Signature): <i>[Signature]</i>	Received by (Printed): D4 Evidence	Received by (Signature):	
	Leave Blank			Reason for Change: Evidence				
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 Borbely, Joseph			Officer Reporting - Signature <i>[Signature]</i>		ID Number 9061	Unit 1C42	Date 06/06/2022
	Officer Reviewing - Printed (if Applicable)			Officer Reviewing - Signature (if Applicable)		ID Number	Unit	Date