

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

VSO Case Number  
22-735

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

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, {full legal name} JOHN LOWERY, in my position as {job title} DEPUTY SHERIFF 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} [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:

Deputies responded to a call at a convenience store regarding an aggravated assault incident in which the respondent brandished a firearm and pointed it at the victim simulating that he was firing the weapon which placed the victim in fear that he would be shot. Video surveillance was obtained and reviewed which positively identifies the respondent and the vehicle being driven by the respondent. Deputies responded to the

1 Additional pages are attached.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

0 Additional pages are attached.



3. Affiant \_\_\_ is X 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>UNK PISTOL</u>	Location	<u>UNK</u>
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: 1/12/2022

Signature of Affiant: \_\_\_\_\_

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

this 12 day of January, 2022, by Deputy J. Lowery #9421

Affiant's name

Signature of Attesting LEO Witness

Deputy J. Bissonnette #9065

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)