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

VSO Case Number

22-7677 IN RE: PETITION FOR RISK PROTECTION ORDER AGAINST {Name of Respondent} <u>AFFIDAVIT</u> STATE OF FLORIDA COUNTY OF VOLUSIA , in my position as {job title} I, {full legal name} Deputy Jaydel Bernard **DEPUTY II** 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: See continuation page Additional pages are attached. 2. {Name of Witness} provided the following information based on his/her personal knowledge: Additional pages are attached.

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

AFFIDAVIT CONTINUATION

FROM SECTION 1
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BWC
On 4/19/22 at approximately 0950 hours, Deputy Bernard responded to Debary, in reference to a possible overdose. Upon arrival, Deputy Bernard made contact with the Drange City Fire Department and EMS who advised an elderly male who was identified as had taken multiple pills in an attempt to overdose. Fire personnel advised a note was next to when they first made contact with him inside the residence. That note was found by (R1) a neighbor who frequently cleans the house for
Deputy Bernard made contact with who advised she came over to house at approximately 0925 hours to clean. Advised she previously obtained a key from so she could stop by to clean the house periodically. Stated she walked into the house and went to compare to be unresponsive with two empty pill bottles in close proximity to him. It tempted to wake but he did not move. So observed a handwritten note on the ecliner where was unresponsive stating "Can't stand the pain Sorry!" Advised suffered from alcoholism. Completed a written statement and had no other information to provide.
Deputy Bernard walked into the room where EMS stated was. Deputy Bernard observed an empty CBD Gummy container and was provided two empty prescriptions bottles prescribed which contained Alprazolam 1mg. Deputy Bernard observed the handwritten note on the bed stating "Can't stand the pain Sorry!" Deputy Bernard collected the Alprazolam prescription bottle and the note and submitted them into the District 6 Evidence locker as evidence. Deputy Bernard took photographs of the scene and uploaded them to the Digital Crime Scene Database. Upon observation of the scene, Deputy Bernard observed two handguns located on a shelf in arms reach of the recliner where sat. Due to being unresponsive, Deputy Bernard was unable to ask further questions of how he was going to harm himself.
Based on Deputy Bernard's investigation he determined there was a substantial likelihood that without care or treatment would cause serious bodily harm to himself as evident by his recent actions. Deputy Bernard placed into custody under the Baker Act. was transported to Advent Health Orange City for immediate medical treatment.

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

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AFFIDAVIT CONTINUATION

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Due to the apparent a Protection Order (RP	_	home, Deputy Bernard completed a Risk
Case Status: Closed		

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	is $ X $ is not aware of any exist der any applicable statute.	iting protection order governing the
0 Kno	wn protection orders are attach	ed
•	· ••	earms and ammunition the petitioner nership, possession, custody or control are
Quantity	1 Type HANDGUN	Location MASTER BEDROOM
Quantity	1 Type HANDGUN	Location MASTER BEDROOM
Quantity	Type	Location
0 Ad	ditional pages are attached.	
	-	ALTY OF PERJURY THAT THE
Dated:04/19/20		ant:
his19 day of	April ▼, 2022	, by J. Bernard
Λ Λ		Affiant's name
Dep. Cu	mughan_	DEP. M. CUNNINGHAM
signature of Attesting LEC	U	Print name of Attesting LEO Witness
	OR	
		_
Signature of Notary Public		
Print, Type, or Stamp Cor	nmissioned Name of Notary Public)	
Personally known of	r Produced Identification	
Type of Identification Pro	-duced)	_