

**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}* \_\_\_\_\_

VSO Case Number 230018661
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**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, *{full legal name}* DEPUTY TAYLOR WHITE, 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:

On 09/26/23 at 1348 hours, Deputy Hinkson and Deputy White were dispatched to \_\_\_\_\_ Deland Florida in reference to a mentally ill person.

Upon arrival, Deputy Hinkson made contact with \_\_\_\_\_ (RP,) caretaker and power of attorney (POA) for \_\_\_\_\_ advised she came to the home to take \_\_\_\_\_ to a doctor's appointment, and located a note that stated, "I am sorry, D

  1   Additional pages are attached.

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

Upon arrival, Deputy Hinkson made contact with \_\_\_\_\_ (RP,) caretaker and power of attorney (POA) for \_\_\_\_\_ advised she came to the home to take \_\_\_\_\_ to a doctor's appointment, and located a note that stated, "I am sorry, DNR DNR DNR." \_\_\_\_\_ located \_\_\_\_\_ laying on the bathroom floor, with a firearm at his side. \_\_\_\_\_ advised he attempted to shoot himself, however, was unable to pull the slide to load the firearm. Since \_\_\_\_\_ could not pull the slide, he ingested a

  1   Additional pages are attached.

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**AFFIDAVIT CONTINUATION**

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DNR DNR DNR." \_\_\_\_\_ located \_\_\_\_\_ laying on the bathroom floor, with a firearm at his side. \_\_\_\_\_ advised he attempted to shoot himself, however, was unable to pull the slide to load the firearm. Since \_\_\_\_\_ could not pull the slide, he ingested approximately eight (8) or more Hydrocodone pills. Volusia County Fire and EVAC arrived on scene and provided medical care to \_\_\_\_\_

\_\_\_\_\_ was transported to Halifax Medical Center (704,) in Daytona Beach for medical treatment. Deputy Hinkson followed EVAC to Halifax Medical Center and provided medical staff with Baker Act paperwork. Deputy White completed an RPO (Risk Protection Order,) for \_\_\_\_\_'s firearm. \_\_\_\_\_'s firearm was taken by Deputy White and tagged into Volusia Sheriff's Office property and evidence.

Case Status: Administratively Closed.

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>.380 Pistol</u>	Location	<u>VSO EVIDENCE</u>
Quantity	<u>1</u>	Type	<u>.380 Magazine</u>	Location	<u>VSO EVIDENCE</u>
Quantity	<u>5</u>	Type	<u>.380 RNDS</u>	Location	<u>VSO EVIDENCE</u>
Quantity	<u>          </u>	Type	<u>          </u>	Location	<u>          </u>
Quantity	<u>          </u>	Type	<u>          </u>	Location	<u>          </u>
Quantity	<u>          </u>	Type	<u>          </u>	Location	<u>          </u>

           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: 09/26/2023

Signature of Affiant: 

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

this 26 day of September, 2023, by WHITE TAYLOR M  
Affiant's name

  
Signature of Attesting LEO Witness

Caleb Jones  
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)