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

VSO Case Number VP230023986 IN RE: PETITION FOR RISK PROTECTION ORDER AGAINST {Name of Respondent}

### **AFFIDAVIT**

I, {full legal name}	D. Walker	, in my position as $\{jo$
Deputy Deputy	· · · · · · · · · · · · · · · · · · ·	of law enforcement officer/agency
Volusia Sheriff's Office	_, swear and affirm that the	following facts are true and corre
. {Name of Respondent}		poses a significant danger
• • • • • • • • • • • • • • • • • • • •	to himself/herself or others	by having a firearm or any
ammunition in his/her cus	stody or control or by purchas	sing, possessing or receiving a
firearm or any ammunition	on. The following specific sta	tements, actions, or facts give ris
to a reasonable fear of sig	nificant dangerous acts by th	e respondent:
See Continuation page		
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1		
2 Additional page	es are attached.	·
2 Additional page	es are attached.	
Additional page	es are attached.	
2 Additional page 2. {Name of Witness}	es are attached.	provided the following
2. {Name of Witness}		provided the following
{Name of Witness} information based on his/		provided the following
{Name of Witness}		provided the following
{Name of Witness} information based on his/		provided the following
2. {Name of Witness}information based on his/		provided the following

# IN RE: PETITION FOR RISK PROTECTION ORDER

AGAINST {Name of Respondent}

### **AFFIDAVIT CONTINUATION**

FROM SECTION1 PAGE1 OF2
***BWC***
On December 13, 2023, at 21:13 hours, Deputy Walker responded to Deland, in reference to a female making statements wanting to harm herself and others.
Upon arrival, stated her roommate, had made statements of killing herself and others. Stated has a "hit list" of approximately nine people she was going to kill and afterwards she was going to kill herself (Deputy Walker was unable to locate the list) stated she was on the list along with two unknown Holly Hill Police Officers, a Winn-Dixie manager, and other females that live in the residence. The also stated she was going to torture the landlord then "cut her up," according to stated this has been going on for approximately three months and over the last week it has become worse. Other roommates, along with have had to move items from the living area and put them in their room due to destroying things. Stated is supposed to be taking medicine for bipolar schizophrenia; however, has not been taking them.
Deputy Walker then contacted in her room that's located in the back of the residence. When talking to she stated people in the house had been harassing her and giving her a hard time. She stated they recently gave her a notice she must be out in five days. stated she never wanted to hurt anyone or hurt herself. Stated she was diagnosed with bipolar schizophrenia in 2015 but has not been given any medication.
informed deputies she did not own any firearms; however, was interested in purchasing one in the future.

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AGAINST {Name of Respondent}		

### **AFFIDAVIT CONTINUATION**

FROM SECT PAGE 2				
		-	ided from two of the roommates living in the same residence tody and transported to Stewart Marchman Facility for furth	
	-		mporary Risk Protection Order was completed and submitted	
Sgt. Hutchiso made.	on with	Holly Hi	lls Police Department was notified and informed of the threa	.ts

vso	Case	Num	ber
VP	2300	2398	36

3.	Affiant respondent				ng protection order governing the
	•			lers are attached	
4.		be in the r			rms and ammunition the petitioner rship, possession, custody or control are
	Quantity _		Туре		Location
	Quantity _		Туре		Location
	Quantity _		Туре		Location
	Quantity _		Туре		Location
	Quantity _		Туре		Location
	Quantity _		Туре		Location
Dated Sworn	: 12/14	/2023 ned) and subs	Signa scribed bef	ature of Affiant:	of $\square$ physical presence or $\square$ online notarization,
Signatur	re of Attesting I	EO Witness			Print name of Attesting LEO Witness
J				OR	
Signatur	re of Notary Pu	blic			
(Print, 7	Гуре, or Stamp	Commissioned	Name of No	tary Public)	
Person	ally known	or Produ	iced Identifi	ication	
(Type o	f Identification	Produced)			