

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  
24-14069

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, {full legal name} \_\_\_\_\_ D/S JOSHUA HANSARD \_\_\_\_\_, 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} \_\_\_\_\_ 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 06-24-2024, at approximately 2010 hours, Deputy Hansard responded to \_\_\_\_\_ Ormond Beach, in reference to a suicidal person complaint.

Prior to Deputy Hansard's arrival, the reporting party \_\_\_\_\_ (R1) advised her son, \_\_\_\_\_ (V1) made suicidal comments about shooting himself prior to leaving their residence with his firearm. \_\_\_\_\_ (R1) told Central Communications,

1 Additional pages are attached.

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

\_\_\_\_\_ told Deputy Hansard, her son, \_\_\_\_\_ made suicidal statements indicating he wanted to commit suicide by shooting himself in the head prior to arming himself and fleeing the residence. \_\_\_\_\_ herefor contacted the Volusia Sheriff's Office where, upon being contacted, \_\_\_\_\_ admitted to threatening suicide to his mother and was found to be in possession of a Glock 33, .357 pistol with ammunition.

0 Additional pages are attached.

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**AFFIDAVIT CONTINUATION**

FROM SECTION 1

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her son left the aforementioned residence in his \_\_\_\_\_ passenger car bearing Florida tag \_\_\_\_\_

Upon arrival to the area, Deputy Hansard located \_\_\_\_\_ (V1) operating his vehicle back to the aforementioned residence on \_\_\_\_\_ where a traffic stop was conducted. Deputy Hansard made contact with \_\_\_\_\_ (V1), whom eventually said he made suicidal statements to his mother prior to leaving his residence armed with a Glock 33 .357magnum pistol (Serial # \_\_\_\_\_). Based upon \_\_\_\_\_ (V1) admitting to the statements made and threats of self harm, Deputy Hansard placed him into protective custody under the Florida Baker Act.

Deputy Hansard collected the aforementioned firearm, which was located on the front passenger side of his vehicle, within an opened backpack. The firearm contained a magazine holding (11) eleven .357 rounds of ammunition, all of which were collected and placed into the District 3 Evidence locker for safekeeping.

\_\_\_\_\_ (R1) made contact with Deputy Fischer and provided a sworn witness statement regarding her account of the incident and took possession of her son's vehicle. \_\_\_\_\_ (V1) was subsequently transported to Halifax Medical Center for further treatment and evaluation. It should be noted, \_\_\_\_\_ (V1) has a history of Baker Act's, and is diagnosed with depression and PTSD.

Based upon threats of self harm with a firearm and being in possession of a firearm during the incident, Deputy Hansard completed the appropriate Risk Protection Order documentation and forwarded to the proper administration.

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	1	Type	GLOCK 33	Location	VSO EVIDENCE
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
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: 06/25/2024

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

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 24TH day of June, 2024, by D/S J. Hansard 8189

Affiant's name

Signature of Attesting LEO Witness

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)