

**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  
VP240008437

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, *{full legal name}* JONATHAN RIVERA, in my position as *{job title}* DEPUTY 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 04/16/2024, at 0722 hours, Deputy Rivera responded to \_\_\_\_\_ Oak Hill, in reference to a suicidal person later identified as \_\_\_\_\_ (V1). Dispatch notified deputies via call notes \_\_\_\_\_ called VA this morning for transport to Lake Nona for seizure activity and vomiting due to drinking. Nurse advised he will have to call 911, male advised "no because they take me to a different hospital, and it will be too late ill blow my brains out before they get there."

2 Additional pages are attached.

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

           Additional pages are attached.

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AGAINST {Name of Respondent} [REDACTED]

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**AFFIDAVIT CONTINUATION**

FROM SECTION 1

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Upon arriving on scene Deputy Rivera made contact with Volusia Sheriff Office Deputies and Edgewater Police Department Officers and attempted contact with [REDACTED] Deputies made announcements from a marked patrol vehicle in front of [REDACTED]'s residence which yielded negative results. Deputies knocked on the front door of the residence with no response. Deputies proceeded to check the perimeter and made announcements at various windows and doors. Nothing suspicious was seen or heard from the residence and all the window coverings prevented viewing into the residence. Sergeant Stone called [REDACTED] on his cell phone and when asked if he needed help, [REDACTED] hung up the phone. Deputies attempted to get [REDACTED] to respond in order to determine if he was requesting medical attention; however, he would not answer the phone or come to the front door.

[REDACTED] called dispatch while deputies were on scene but refused to communicate with them. Deputies and officers left the scene. Due to [REDACTED] only having threatened injury to himself, refusing to communicate with deputies on scene, and no one else being inside the residence, deputies left without making contact. Sergeant Stone received a call at 0841 hours, from someone who sounded like [REDACTED] and hung up after being asked if he needed medical attention.

At 0947 hours, Deputy Rivera returned to the address in reference to another call regarding a suicidal person. Dispatch alerted deputies the reporting party stated he drank a liter of alcohol and wanted to put his glock up to his head. Then he denied having suicidal thoughts. Deputies attempted to contact [REDACTED] to have him leave the residence in order to be transported; however, [REDACTED] refused to answer the phone. [REDACTED] has a history of being intoxicated and calling 911 based on multiple priors, including one on 04/16/2024, where [REDACTED] Stated: He left a voicemail saying he was going to kill himself. When deputies returned his call [REDACTED] said he was not serious and indicated he said that so they would call him back quicker. During calls to 911 and VA Hotlines [REDACTED] had stated he has a glock.

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**AFFIDAVIT CONTINUATION**

FROM SECTION 1

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At approximately 1252 hours, Deputy Rivera responded to a call for service at [REDACTED] Oak Hill, in reference to a well being check on [REDACTED] with Emergency Services. [REDACTED] told VA Hotline he was having seizures and had fallen over hitting his head and was bleeding from his head.

Upon arrival, Deputy Rivera made contact with fire services who advised they were making forced entry to check on [REDACTED]'s condition. Fire Station #22 entered the residence and Deputy Rivera discovered [REDACTED] sleeping on his couch. [REDACTED] was intoxicated, had slurred speech and stated he mixed his medication with alcohol. When clearing the residence Sergeant Stone observed ammunition in one of the bedrooms.

After speaking with [REDACTED] Deputy Rivera determined without further evaluation and treatment [REDACTED] posed a significant danger to himself. [REDACTED] was placed under protective custody under the Baker Act and later transported to Halifax.

A premise hazard was placed on [REDACTED]'s residence as well as an Risk Protection Order being completed.

Case Status: Closed Administratively

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 _____	Type _____	Location _____
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: 04/16/2024 Signature of Affiant: Rivera, Jonathan Digitally signed by Rivera, Jonathan  
Date: 2024.04.16 16:12:30 -04'00'

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization,  
this 16 day of April, 2024, by JONATHAN RIVERA  
Affiant's name

  
Signature of Attesting LEO Witness 9680

Zachary Button  
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)