

**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
25-19612

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, {full legal name} _____ DEP. R. RUBIN _____, in my position as {job title} _____ 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 ATTACHED

YES Additional pages are attached.

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

SEE ATTACHED

YES Additional pages are attached.

AFFIDAVIT CONTINUATION

FROM SECTION 1&2
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*** BWC RECORDING ***

On 09/23/2025 at 2343 hours, Deputy Rubin responded to _____, Deleon Springs in reference to a suicidal person.

Upon arrival, Deputies met with _____ (O1) who advised his stepmother _____ (V1) has had suicidal thoughts and attempted to hurt herself earlier on in the day and tried to hurt herself again prior to calling law enforcement. _____ advised he took the firearm and placed it in his room away from his mother prior to arrival.

Deputies then made contact with _____ who advised she was at Lake Dias around 1900 hours and placed her black Springfield 9mm handgun serial number (_____) against the side of her head and was about to pull the trigger when she saw a dog and wanted to pet it. _____ petted the dog and then left the park and returned to the aforementioned address. _____ advised she placed the firearm on her nightstand and tried to go to sleep. _____ could not sleep and picked up the firearm and placed it to her head again and called her husband _____ (O2) to tell him she was going to "kill herself". _____ then called _____ to go take the gun and hide it from his mother and call law enforcement.

Additionally, _____ stated she has frequently had suicidal thoughts, and they have become more recent. _____ also explained, within the past year she has written 15 suicide notes and attempted to harm herself but then did not follow through and shredded the letters. _____ explained this all stems from childhood abuse and from her child's passing a few years ago.

Based on the above stated information, Deputy Rubin determined there was a significant likelihood that without care or treatment, _____ could cause serious bodily harm to herself, as evident by recent behavior. Deputy Rubin further determined _____ was unable to determine for herself whether psychological examination or medical care was necessary. Deputy Rubin placed _____ into protective custody under the provisions of the Baker Act. _____ was transported to Stewart Marchman without incident.

A Risk Protection Order was also completed, _____ voluntarily turned over her firearm. _____ concealed weapons permit was also collected under the Risk Protection Order.

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	<u>1</u>	Type	<u>HANDGUN</u>	Location	<u>VSO EVIDENCE</u>
Quantity	<u>9</u>	Type	<u>AMMUNITION</u>	Location	<u>VSO EVIDENCE</u>
Quantity	<u>1</u>	Type	<u>MAGAZINE</u>	Location	<u>VSO EVIDENCE</u>
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____
Quantity	_____	Type	_____	Location	_____

YES 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: 09/24/2025 Signature of Affiant: 

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 24TH day of September, 2025, by DEP. R. RUBIN
Affiant's name


Signature of Attesting LEO Witness

DEP. R. GOMEZ
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)