

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

VSO Case Number  
VP250020866

IN RE: PETITION FOR RISK PROTECTION ORDER  
AGAINST {Name of Respondent} \_\_\_\_\_

AFFIDAVIT

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, {full legal name} \_\_\_\_\_ D/S C. Sanders 9800 \_\_\_\_\_, 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:

Deputies have responded to calls for service regarding \_\_\_\_\_ on two separate occasions in which \_\_\_\_\_ did not appear to be in the right state of mind, but did not meet Baker Act Criteria. \_\_\_\_\_ continues to advise he has diagnosed himself with radiation poisoning, which caused him to conduct a "self surgery" where he cut open his abdomen approximately six weeks ago. \_\_\_\_\_ also willingly gave three firearms away to a random stranger when he was "ruck marching" down an active roadway with

1 Additional pages are attached.

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

(ALL OVER PHONE CALL) (WIFE) \_\_\_\_\_ notified deputies of \_\_\_\_\_ mental health decline on 10/11/2025 when she left her residence due to \_\_\_\_\_ walking around his residence in the early morning with a firearm because he believed there was a break-in. \_\_\_\_\_ also started demanding \_\_\_\_\_ take their daughter to seek radiation poisoning treatment. \_\_\_\_\_ advised she fled her residence to Tampa with their daughter until \_\_\_\_\_ episode ends. \_\_\_\_\_ advised she believes \_\_\_\_\_ suffers from military PTSD.

1 Additional pages are attached.

**AFFIDAVIT CONTINUATION**FROM SECTION   1    
PAGE   2   OF   2  

two rifles, a handgun, and a plate carrier so he could feel "nostalgia." [REDACTED] admits there is something wrong with him but does not believe he is falling into a psychotic break down. [REDACTED] continues to consistently make statements that do not make sense, such as radio waves are interfering with his mind. Deputies believe [REDACTED] has a propensity to harm himself or others with the firearms as his mental status deteriorates. Unfortunately, [REDACTED] did not meet Baker Act criteria on the two prior calls for service. [REDACTED] estimated he has approximately four rifles, three shotguns, four handguns, and approximately over three-thousand rounds of ammunition. [REDACTED] did not advise where the firearms/ammunition were located within the residence. [REDACTED] did not consent to deputies securing the firearms and ammunition for safe keeping. On 10/11/2025, [REDACTED] did allow deputies into his residence and deputies observed numerous firearms and ammunition boxes. [REDACTED] advised he has done two combat tours in Iraq during his military service in the army. [REDACTED] has been Baker Acted in the past for threatening to shoot himself (Case #SD240800066). See Volusia Sheriff's Office case report for more information.

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**AFFIDAVIT CONTINUATION**

FROM SECTION   2  

PAGE   2   OF   2  

\_\_\_\_\_ further detailed how \_\_\_\_\_ frantically walked around his residence with a handgun while his family was home. \_\_\_\_\_ believed \_\_\_\_\_ was in a psychosis.

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>Unknown</u>	Type	<u>Various</u>	Location	<u>[REDACTED] New Smyrna</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>
Quantity	<u>          </u>	Type	<u>          </u>	Location	<u>          </u>
Quantity	<u>          </u>	Type	<u>          </u>	Location	<u>          </u>

0 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: 10/12/2025 Signature of Affiant: \* [Signature] D/SC. Sanders 9800

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 12 day of October, 2025, by \_\_\_\_\_  
Affiant's name

[Signature] 9302  
Signature of Attesting LEO Witness

D/S T. Blackwell 9302  
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)