

**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  
VP260014436

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I, {full legal name} John Thomas Killingsworth, in my position as {job title} Deputy Sheriff with the {name of law enforcement officer/agency} Volusia Sheriff 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 pages

2 Additional pages are attached.

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

See attached pages

2 Additional pages are attached.

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**AFFIDAVIT CONTINUATION**

FROM SECTION 1

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\*\*\*BWC RECORDING\*\*\*

On July 4, 2026, at approximately 2023 hours, Deputy Killingsworth responded to [REDACTED] Orange City, in reference to a suspicious person.

Upon arrival, Deputy Killingsworth made contact with [REDACTED] (W1), who provided the following information:

[REDACTED] stated her husband, [REDACTED] (V1), had been drinking and was very intoxicated. [REDACTED] advised [REDACTED] has been upset lately due to her mother allowing another individual to stay at the residence, despite everyone previously agreeing that the individual had been causing problems. [REDACTED] reported that when she arrived home, [REDACTED] stated to her, "Should I shoot myself?" due to being upset about her mother's decision.

Deputy Killingsworth made contact with [REDACTED] who provided the following statement:

[REDACTED] stated everyone who resides at the residence was having a discussion regarding an ongoing problem with an individual who lives at the home. According to [REDACTED] no one understood what he was complaining about, and he became upset. [REDACTED] admitted to Deputy Killingsworth that he did state to his wife, "I'm going to shoot myself."

It should be noted that [REDACTED] advised her husband, [REDACTED] does not have access to any weapons and that there are no weapons inside the residence. [REDACTED] further advised Deputy Killingsworth that her husband recently had a Risk Protection Order placed against him and his firearm was removed.

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**AFFIDAVIT CONTINUATION**

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Based on the statements provided by both [REDACTED] and [REDACTED] it was believed that [REDACTED] was suffering from a mental health crisis and needed mental health services. Without care or treatment, it was likely that he would cause serious bodily harm to himself or others. Additionally, [REDACTED] was not able to determine for himself whether these services were necessary. For these reasons, [REDACTED] was placed into protective custody under a Baker Act.

[REDACTED] was transported to Halifax Hospital in Daytona Beach without incident.

Due to the circumstances of the incidents, Deputy Killingsworth completed a Risk Protection Order (RPO).

\*\*\*Respondent was the subject of a Risk Protection Order entered in Case No. 2023 11691 MHDL on October 3, 2023.\*\*\*

Case Status: Closed

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 | _____ | 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: 07/05/2026 Signature of Affiant: Killingsworth, John Digitally signed by Killingsworth, John  
Date: 2026.07.05 04:44:58 -04'00'

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization,  
this 05 day of July, 2026, by Deputy John Killingsworth  
Affiant's name

Jonathan Rivera Digitally signed by Jonathan Rivera  
Date: 2026.07.05 04:41:42 -04'00'  
Signature of Attesting LEO Witness

Jonathan Rivera  
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)