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

VSO Case Number
VP260018165

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST *{Name of Respondent}* [redacted]

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, *{full legal name}* Justin De La Rosa, 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}* [redacted] 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 were called by [redacted] (R1), who is a neighbor and friend of [redacted] (V1). [redacted] advised central dispatch that [redacted] stated he would be better off if he had a bullet in his head. Upon arrival, Sergeant Turner and Deputy De La Rosa contacted [redacted] and [redacted] advised the following: See Attached

1 Additional pages are attached.

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

Deputies were called by [redacted] (R1), who is a neighbor and friend of [redacted] (V1). [redacted] was dropping off medication for [redacted] while speaking with [redacted] he stated to [redacted] he would be better off if he had a bullet in his head. [redacted] indicated he wished to commit self harm with a firearm.

_____ Additional pages are attached.

IN RE: PETITION FOR RISK PROTECTION ORDER
AGAINST *{Name of Respondent}* [redacted]

VSO Case Number
VP260018165

AFFIDAVIT CONTINUATION

FROM SECTION 1
PAGE 2 OF 2

He is an Army veteran who lives alone with multiple medical disabilities that limit his ability to get around and do things. [redacted] has been dealing with pain from previous injuries and frustrations from his lack of ability to be independent. [redacted]'s caregiver was unable to drop off his medications yesterday, which resulted in [redacted] picking up the medications and dropping them off today to [redacted]. While dropping them off, [redacted] stated he informed [redacted] that he was in so much pain he just wished to shoot himself. [redacted] then further stated to Sergeant Turner that he did not intend to shoot himself yet, implying he planned to shoot himself at a later time. [redacted] informed deputies that he did possess a .38 caliber handgun, which he had had since a juvenile. Based on [redacted]'s statements, lack of 24-hour supervision and access to a firearm, deputies determined that without the proper care and treatment, there is a high likelihood [redacted] would suffer from self-harm with a firearm. [redacted] agreed to allow deputies to retrieve his firearm for safekeeping.

VSO Case Number
VP260018165

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	handgun	Location	VSO
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: 08/22/2026 Signature of Affiant: Justin De La Rosa

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization,

this 22 day of August, 2026, by Deputy J. De La Rosa
Affiant's name

Signature of Attesting LEO Witness — Deputy Jared Bionelli
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)