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

VSO Case Number
VP260023113

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

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, *{full legal name}* Lindsey Campbell, 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}* [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:

See attached

1 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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On 10/30/2026, at approximately 13:43 hours, Deputy Campbell responded to [redacted], Deltona in reference to a mentally ill person. Initial call notes indicated the reporting party, a telehealth nurse, believed a patient, [redacted] (V1) needed a wellbeing check. Further call notes indicated [redacted] had expressed frustration with an immunization from a local Walgreens six years ago. [redacted] had expressed the Walgreens employee should be shot and that she would solicit someone to do so.

It should be noted that deputies have responded to [redacted] residence multiple times throughout the last five years. Each visit, [redacted] has summoned law enforcement for unfounded crimes in addition to auditory and visual hallucinations.

Upon arrival, Deputy Campbell contacted [redacted] at the front door. [redacted] indicated the following: She had an immunization six years ago and has experienced leg discomfort ever since. She believes the pharmacy tech who administered the shot intentionally dosed her incorrectly and neglected to provide her with a companion medication in liquid form. [redacted] expressed being frustrated and upset with her current status and believed the pharmacy tech needed to be physically harmed. [redacted] then made the comment if her firearm wasn't jammed, she would "handle things herself." When Deputy Campbell asked [redacted] to elaborate on her statement, she refused, insinuating it would incriminate her. [redacted] then indicated she owned a firearm and it was located within her bedroom. She permitted law enforcement to enter the residence and take possession of the firearm.

Deputies retrieved a black in color, Beretta .380 pistol (serial number G09038) with two magazines and five .380 rounds from [redacted] bedroom. A query in NCIC/FCIC of the firearm's serial number indicated it was not stolen. The firearm, magazines, and ammunition were packaged and submitted to a District Four evidence locker pending a Risk Protection Order.

Due to the totality of the circumstances, Deputy Campbell determined without intervention, there was a substantial likelihood that [redacted] would harm herself or others. She was subsequently placed into protective custody under the Baker Act and transported to Halifax Health Daytona Beach.

A criminal history check of [redacted] yielded no felony convictions. Due to the nature of the incident, a risk protection order was drafted and submitted for legal process.

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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	1	Type	Beretta .380	Location	3887 Tiger Bay Road, DB (VSO)
Quantity	5 rnds	Type	.380 ammo	Location	"
Quantity		Type		Location	
Quantity		Type		Location	
Quantity		Type		Location	
Quantity		Type		Location	

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: 11/02/2026 Signature of Affiant: D/S L. CAMPBELL

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

this 2 day of November, 2026, by Deputy Campbell
Affiant's name

Signature of Attesting LEO Witness

Deputy Dallas
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)