

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA**

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

**AFFIDAVIT**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

I, *{full legal name}* \_\_\_\_\_, in my position as *{job title}* \_\_\_\_\_ with the *{name of law enforcement office/agency}* \_\_\_\_\_, 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:

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\_\_\_\_\_ Additional pages are attached.

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

\_\_\_\_\_ Additional pages are attached.

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 _____	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: \_\_\_\_\_

Signature of Affiant: \_\_\_\_\_

Sworn to or affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_  
who \_\_\_\_\_ is personally known to me or \_\_\_\_\_ presented \_\_\_\_\_, as  
identification.

\_\_\_\_\_  
Notary Public, State of Florida  
My commission expires: \_\_\_\_\_