

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. _____

Petitioner	Date of Birth		Respondent	Date of Birth
		V.		

Petitioner is ☐ State's Attorney/Attorney General
☐ Household/Family member

Respondent's Full Physical Address: _____

Affidavit in Support of Extreme Risk Protection Order Complaint

In support of the claims made in my complaint, I state the following facts to be true and correct to the best of my knowledge and belief.

1) Does the respondent pose an extreme risk of causing harm to themselves or another person by purchasing, possessing, or receiving a dangerous weapon or by having a dangerous weapon within the respondent's custody or control? If yes, please provide specific information.

2) Has the respondent inflicted or attempted to inflict bodily harm on another? If yes, please provide specific information.

3) Has the respondent by his or her threats or actions placed others in reasonable fear of physical harm to themselves? If yes, please provide specific information.

4) Has the respondent by his or her actions or inactions presented a danger to persons in his or her care? If yes, please provide specific information.

5) Please describe any dangerous weapons you believe to be in respondent's possession, custody, or control.

6) Do you know of any existing order with respect to respondent under 15 VSA 21 (abuse prevention) or 12 VSA 178 (stalking/sexual assault)?

7) Has the respondent threatened or attempted suicide or serious bodily harm? If yes, please provide specific information.

Respondent's Access to Firearms

Information regarding known firearms is provided below:

Type of Firearm/Other Deadly Weapon (handgun/rifle/knife; make/model if known)	Location of Firearm/Other Deadly Weapon (e.g., bedroom/vehicle)

If there is not enough room in the space above, please use an additional sheet of paper.

Military Service: The Respondent ☐ is ☐ is not in the military service.

WARNING

Pursuant to 13 VSA 4058 (b)(2), a person who files a petition for an extreme risk protection order or who submits an affidavit accompanying the petition, knowing that information in the petition or the affidavit is false, or that the petition or affidavit is submitted with the intent to harass the respondent, shall be imprisoned for not more than one year or fined not more than \$1,000, or both.

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date: _____

Signature: _____

Printed Signature: _____

NOTICE:

This Affidavit will be served on Respondent with the Petition for Extreme Risk Protection Order