





**Defendant’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.*

I have attached \_\_\_\_\_ additional sheet(s).

**Defendant’s Use of Firearms/Other Deadly Weapons**

The defendant  has  has not used, displayed, or threatened to use a firearm or other deadly weapon against me or against another family member.

If so, please describe below: *(Be specific. What did the defendant do? If the firearm or deadly weapon belonged to someone else, how did defendant get it? Where did the incident happen? Who else was there?)*

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*(attach a separate sheet of paper if necessary)*

Do you feel that you are in immediate danger of further abuse from the defendant?  Yes  No

If yes, please include any information not already described above:

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**Military Service:** The Defendant  is  is not in the military service.

**WARNING**  
**MAKING FALSE STATEMENTS IN THIS AFFIDAVIT IS A CRIME SUBJECT TO A TERM OF IMPRISONMENT OR A FINE, OR**  
**BOTH AS PROVIDED BY 13 V.S.A §2904**

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 Defendant with the Complaint for Relief from Abuse**