



Describe what happened below. (Be specific. Where did it happen? Who else was there? Was a weapon involved?)

[illegible]

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

Other past incidents of serious violence or threats that support my request for an Order include:

(Be specific. For each incident, state: When and where it happened, who else was there, and details about any injuries resulting or weapons used.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(attach a separate sheet of paper if necessary)

## 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 swear or affirm that the facts set forth in this petition are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Signature: \_\_\_\_\_

**Signed and sworn to before me:**

Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

**NOTICE: This Affidavit will be served on Defendant with the Complaint for Relief from Abuse**