STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case	Nο		

Plaintiff	Date Of Birth	Defendant	Date Of Birth
		V.	
Defendant's Full Physic	cal Address:		
I	Affidavit in Suppor	t of Relief from Abuse Comp	laint
n support of the claims in support of the clai	made in my complaint, I sta	ate the following facts to be true and co	rrect to the best of my
	ssesses, or has ready acces	ss to firearm or other deadly weapons.	
firearms were present	or used in any incidents b	elow, please complete the section on p	age 2 on firearms.
		an order happened on	
In the (time)	town or	, in the state of	
	did	the following to me and/or the minor c	hildren:
·	·		
nttach a separate sheet of	paper if necessary)		
s the incident described you answered NO:	above the most serious in	cident involving the defendant?	□ Yes □ No
•	ident that causes me to as	k for an order happened on	at
in	the town of	d) , in the state of	<i>ate)</i> f .
(time)		, 5 6	

attach a separate sheet of paper if necessary) r past incidents of serious violence or threats that support my request for an Order include: secific. For each incident, state: When and where it happened, who else was there, and details about any injuries resulting ans used.)		nat happened below. (Be specific. Where did it happen? Who else was there? Was a weapon inv	J1V
r past incidents of serious violence or threats that support my request for an Order include: pecific. For each incident, state: When and where it happened, who else was there, and details about any injuries resulting			
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	ecific. For		ıg
			

400-00151N – Affidavit in Support of Relief from Abuse Complaint Notary (10/2022)

Defendant's Access to Firearms

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Intormation	rogarding	known	firoarme i	nrovidad	holowi
Information	regarding	KIIOWII	111 Eal 1115 13	biovided	Delow.

Type of Firearm/Other Deadly Weapon	Location of Firearm/Other Deadly Weapon	
(handgun/rifle/knife; make/model if known)	(e.g., bedroom/vehicle)	
If there is not enough room in the space above, please use	e an additional sheet of paper.	
l have attached additional shoot(s)		
have attached additional sheet(s).		
Defendant's Use of Firearms/Other Deadly Weapor	ns	
The defendant \square has \square has not used, displaye	ed, or threatened to use a firearm or other deadly we	eapon against
me or against another family member.		
	defendant do? If the firearm or deadly weapon belonged t	o someone else,
how did defendant get it? Where did the incident happen	r wno eise was there?)	
		
(attach a separate sheet of paper if necessary)		
Do you feel that you are in immediate danger of furt		es ⊔ No
If yes, please include any information not already de	scribed above:	
Military Service: The Defendant \square is \square 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 fo Date:	orth in this petition are true and correct to the best of my knowledge and belied 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