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

[illegible]

## Defendant's Access to Firearms

Information regarding known firearms is provided below:

| Type of Firearm/Other Deadly Weapon<br>(handgun/rifle/knife; make/model if known) | Location of Firearm/Other Deadly Weapon<br>(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**