STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case	Nο		
Lase	INU.		

Plaintiff	Date Of Birth		Defendant	[Date Of Birth
		V.			
Pefendant's Full Physical Ad	dress:				
Affid	avit in Support	of F	Relief from Abuse Com	plaint	
n support of the claims made inowledge and belief.	in my complaint, I sta	te the	following facts to be true and	correct to the	best of my
	s, or has ready access don't know	s to fir	earm or other deadly weapons	i.	
f firearms were present or use	ed in any incidents be	low,	olease complete the section on	page 2 on fire	earms.
			der happened on	e)	
Vhen(name)	did t	he fo	llowing to me and/or the minor	r children:	
attach a separate sheet of paper	if necessary)				
s the incident described above you answered NO:	the most serious inc	ident	involving the defendant?	□ Y6	es 🗆 No
•	that causes me to ask	for a	n order happened on	(date)	at
in the to (time)	own of		, in the state	of	·

attach a separate sheet of paper if necessary) or 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 resultin nons used.)	e what happened below. (Be specific. Where did it happen? Who else was there? Was a weapon inv
er past incidents of serious violence or threats that support my request for an Order include: Decific. For each incident, state: When and where it happened, who else was there, and details about any injuries resultin	
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400-00151 – Affidavit in Support of Relief from Abuse Complaint (06/2023)

Defendant's Access to Firearms

		1	r	•		1 1 .
Information	regarding	known	tirearms	ıs	provided	pelow:

Type of Firearm/Other Deadly Weapon	Location of Firearm/Other Deadly Wes	apon
(handgun/rifle/knife; make/model if known)	(e.g., bedroom/vehicle)	
If there is not enough room in the space above, please	use an additional sheet of paper	
ij there is not enough room in the space above, please	use an additional sheet of paper.	
I have attached additional sheet(s).		
- 4		
Defendant's Use of Firearms/Other Deadly Wea	pons	
The defendant D has D has not used display	aved or threatened to use a firearm or oth	or doadly woapon against
The defendant $\ \square$ has $\ \square$ has not used, displored and the family member.	ayed, or threatened to use a firearm or oth	er deadily weapon against
me of against another family member.		
If so, please describe below: (Be specific. What did	the defendant do? If the firearm or deadly weap	on belonged to someone else,
how did defendant get it? Where did the incident hap		,
(attach a separate sheet of paper if necessary)		
Do you feel that you are in immediate danger of f	further abuse from the defendant?	☐ Yes ☐ No
If yes, please include any information not already	described above:	
		
Military Service: The Defendant \square is \square is n	ot 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 accurate to the best of my knowledge and belief. I understand ubject to the penalty of perjury or to other sanctions in the
Date:	Signature:
	Printed Signature:
NOTICE: This Affidavit will be served	d on Defendant with the Complaint for Relief from Abuse