

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case No. \_\_\_\_\_

Plaintiff	Date Of Birth	Defendant	Date Of Birth
		V.	

Defendant's Full Physical Address: \_\_\_\_\_

**Affidavit in Support of Relief from Abuse Complaint**

In support of the claims made in my complaint, I state the following facts to be true and correct to the best of my knowledge and belief.

The Defendant owns, possesses, or has ready access to firearm or other deadly weapons.

☐ Yes ☐ No ☐ I don't know

***If firearms were present or used in any incidents below, please complete the section on page 2 on firearms.***

The most recent incident that causes me to ask for an order happened on \_\_\_\_\_ at \_\_\_\_\_  
(date)  
(time) in the town of \_\_\_\_\_, in the state of \_\_\_\_\_

When \_\_\_\_\_ did the following to me and/or the minor children:  
(name)

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

Is the incident described above the most serious incident involving the defendant? ☐ Yes ☐ No

If you answered NO:

The most serious incident that causes me to ask for an order happened on \_\_\_\_\_ at \_\_\_\_\_  
(date)  
(time) in the town of \_\_\_\_\_, in the state of \_\_\_\_\_.

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

*(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.)*

*(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?)*

*(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:

**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**