STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Case	Nο		
Lase	INU.		

Plaintiff	Date Of Birth		Defendant		Date Of Birth
		٧.			
Defendant's Full Physical Ad	dress:				
Affid	avit in Support	of F	Relief from Abuse Co	omplaint	
n support of the claims made in supp	in my complaint, I sta	te the	following facts to be true a	ind correct to th	e best of my
The Defendant owns, possesse	s, or has ready access don't know	s to fir	earm or other deadly weap	ons.	
f firearms were present or use	ed in any incidents be	elow, _l	please complete the section	n on page 2 on f	irearms.
The most recent incident that in the town (time)			der happened on, in the state	(date)	
When(name)	did t	the fo	llowing to me and/or the m	inor children:	
attach a separate sheet of paper	if necessary)				
s the incident described above f you answered NO:	the most serious inc	cident	involving the defendant?		Yes 🗆 No
The most serious incident			n order happened on	(date)	_
in the to (time)	own of		, in the st	ate of	·

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

Defendant's Access to Firearms

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Information	rogarding	known	tiroarme i	c providad	holow
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Type of Firearm/Other Deadly Weapon	Location of Firearm/Other Deadly Weapon	
(handgun/rifle/knife; make/model if known)	(e.g., bedroom/vehicle)	
f there is not enough room in the space above, please use	an additional sheet of paper.	'
The control of the co		
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	? Who else was there?)	
		
(attach a separate sheet of paper if necessary)		
	<u> </u>	_
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 □ is □ is not	in the military service.	
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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