

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket 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)  
\_\_\_\_\_ in the town of \_\_\_\_\_, in the state of \_\_\_\_\_  
(time)

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

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*(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)  
\_\_\_\_\_ in the town of \_\_\_\_\_, in the state of \_\_\_\_\_  
(time)

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

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

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

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## Defendant's Access to Firearms

[illegible]

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 when I was present.

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**