IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT,
IN AND FOR HERNANDO COUNTY

IN RE: CASE NO.:

_____

Respondent:

_____/

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization

I, _____ being duly sworn, am filing this sworn statement requesting a court order
(Print Name of Petitioner)
for the involuntary assessment of _____ (hereinafter referred to as PERSON).
(Print Name of Person

The PERSON is 18 years of age or older? ☐ yes or ☐ no Age of PERSON: _____

This petition and affidavit will be included in the PERSON's clinical record and may be viewed by the PERSON. I understand that by filling out this form, the PERSON may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a. I live at: (Print Your Full Residence Address and Phone Number) Phone: (____) _____

Street Address: _____ City _____ ST _____ Zip _____

b. The PERSON lives at, or may be found at, the following address(es):

Street Address: _____City _____

Street Address: _____ City _____

2. I have the following relationship with the PERSON: _____

3. I am on good terms with the PERSON at the present time. (Check one box) ☐ Yes ☐ No If "no", please explain: _____

_____

4. (Check the box that applies)

☐ a. I or a family member ☐ have or ☐ have not previously made allegations to law enforcement involving this PERSON on _____ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, etc. as described: _____

_____

☐ b. This PERSON ☐ has or ☐ has not previously made allegations to law enforcement about me or my family on _____ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, etc. as described: _____

_____

☐ c. This PERSON ☐ has or ☐ has not previously or currently criminal/delinquency charges.

5. (Check the one box that applies)
   ☐ a. I or a family member are not now, and have not in the past, been involved in a court case with the PERSON.
   ☐ b. I or a family member am now, or was, involved in a court case with the PERSON. This case is/was a _____ (type of case) in _____ (when)
   Explain:_____
   _____

6. I have known the PERSON for _____ (how long).
   ☐ a. The PERSON has only recently displayed behavior related to substance abuse.
   ☐ b. The PERSON has, over a period of time, had a substance abuse problem. Specify how long: _____

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

7. I believe that the PERSON is substance abuse impaired (defined in the law as the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior):_____
   _____
   _____
   _____

8. I believe that the PERSON has lost the power of self-control with respect to substance use because:
   _____
   _____
   _____

9. I have seen the following behavior, which causes me to believe that the that the PERSON has inflicted, or threatened or attempted to inflict, or unless admitted for assessment is likely to inflict, physical harm on himself or herself or someone else On_____ (Date) at approximately_____ (Time) ☐ am ☐ pm, I saw the PERSON:
   _____
   _____
   _____

10. Other similar behavior I have personally seen is as follows: _____
    _____
    _____

11. I believe the PERSON is in need of substance abuse services because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about services because (a mere refusal to receive services is not enough to constitute lack of judgment): _____
    _____

12. ☐ To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation, developmental disability, or conditions resulting from antisocial behavior.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

13. ☐ a. I have attempted to get the PERSON to agree to seek assistance for a substance abuse problem(s) as follows: _____
_____
_____

☐ b. I did not try to get the PERSON to agree to a voluntary assessment or treatment because: _____
_____
_____

☐ c. The PERSON refused a voluntary assessment or treatment because: _____
_____

14. ☐ **I have made arrangements for the PERSON to be admitted to _____**
_____Facility located at _____ for voluntary assessment and stabilization.

15. The name of the PERSON's attorney is (if any): _____

16. PERSON ☐ can ☐ cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the PERSON.

Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:
County of Residence: Social Security No.: Date of Birth
Sex: ☐ Male ☐ Female Race: _____ Attach a picture of the PERSON if possible -Picture attached: ☐ No ☐ Yes
Height: Weight: Hair Color: Eye Color:
Does the PERSON have access to any weapons? ☐ No ☐ Yes If yes, describe:
Is the PERSON violent now? ☐ No ☐ Yes Has the PERSON been violent in the recent past? ☐ No ☐ Yes If Yes, Describe:
Does the PERSON have any pending criminal charges against him/her? ☐ No ☐ Yes If yes, describe:
1) Does the PERSON have a legal guardian? ☐ No ☐ Yes 2) Is there a pending petition to determine the PERSON's capacity and to appoint a guardian? ☐ No ☐ Yes If YES to either of the above, provide the name, address and phone number of the current or proposed guardian. Name: _____ Phone: (_____) _____ Address: _____ City: _____ Zip: _____ Physician's Name: _____ Phone: (_____) _____ Provide name of medications, if known: _____

I understand that this sworn statement is given under oath and will be treated as though it was made before a judge in a court of law. I understand that any information in this sworn statement which is not to the best of my knowledge and done in good faith may expose me to a penalty for perjury and other possible penalties under the statutes of the State of Florida. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____ by _____ who is personally known to me or presented _____ as identification.

_____
Notary Public - State of Florida
My Commission expires: Date _____

OR

SWORN TO AND SUBSCRIBED before me this _____ day of _____ clerk of Circuit Court _____County, Florida

By: _____
Deputy Clerk

A copy of this petition must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.

PETITIONER'S QUESTIONNAIRE

Please answer the following questions pertaining to the Respondent:

Respondent's Name: _____

The Respondent is ☐ Male ☐ Female

The Respondent's drug of choice is: _____

Is the Respondent taking any medication? ☐ Yes ☐ No

If Yes, Please list medications:

_____

_____

_____

Your contact information:

Name: _____

Address: _____

Phone (home): _____

Phone (cell): _____

Any additional information:

_____

_____

_____

RESPONDENT'S INFORMATION

NAME: _____

AGE: _____

DOB: _____

INSURANCE INFO: _____

SS#: _____

PARENT: _____

HOME PHONE: _____

Does respondent have any medical/mental problems? Please describe:

_____

_____

Has respondent had a recent injury? Please describe:

_____

_____

Is respondent on medication? ***If yes, please send a two day supply.*** **Please list medications:**

_____

_____