

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

IN RE:

Respondent:

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

\_\_\_\_\_

**PETITION FOR INVOLUNTARY TREATMENT SERVICES**

By authority of Chapter 397, Florida Statutes

I (We), \_\_\_\_\_, being duly sworn, hereby state that I (We) have personally observed the behavior of \_\_\_\_\_, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under Florida Statutes Section 397, and allege:

1. Respondent is  an adult/  a minor.
2. Petitioner alleges that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:  
(a) The respondent is substance abuse impaired, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **AND**

(b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **AND**

(c) \_\_\_ The respondent has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **OR,**

\_\_\_\_\_ The Respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the Respondent is incapable of appreciating his/her need for care and making a rational decision regarding his/her need for care, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Petitioner further alleges: (Check any of the following, if applicable:)

\_\_\_\_\_ Respondent has been placed under protective custody pursuant to F.S. 397.677 within the previous 10 days;

\_\_\_\_\_ Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the last 10 days; or

\_\_\_\_\_ Respondent has been assessed by a qualified professional within the last 30 days.

4. The respondent is

Represented by an attorney:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Not represented by an attorney.

Unknown whether Respondent is represented by an attorney.

5. Respondent

Has assets sufficient to pay attorney fees.

Does not have assets sufficient to pay attorney fees.

Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. If an assessment was performed on Respondent by a qualified professional, the certificate or report of the qualified professional is attached. If the certificate or report of the qualified professional is not attached, Respondent was either:

not assessed before the filing of this Petition; or

refused to submit to an evaluation.

7.  There is an emergency and Petitioner requests issuance of an ex parte assessment and stabilization order. Please describe the Respondent's exigent circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide the following identifying information about the Respondent (if known):**

County of Residence: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attach a picture of the person if possible – Picture attached  No  Yes

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Current Location/Address: \_\_\_\_\_

Relationship of Petitioner to Respondent:

Spouse  Parent (Minors)  Guardian  Legal Guardian (of Minor)

Relative  Director of Licensed Service Provider

Three Adults with Personal Knowledge of Respondent's Impairment and Prior Assessment and Treatment.

Petitioners:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_ Email: \_\_\_\_\_

I/We hereby petition this Court to enter an Order for Involuntary Treatment of the Respondent. Under penalties of perjury I (we) declare that I (we) have read the foregoing and the facts alleged are true and correct to the best of my (our) knowledge and belief.

Completed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, on (date) \_\_\_\_\_, 20\_\_\_\_\_ by (affiant name) \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
{Print, type, or stamp commissioned name of notary or clerk}

\_\_\_\_\_ Personally known, OR

\_\_\_\_\_ Produced identification; Type of identification produced/ID# \_\_\_\_\_