

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION 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# _____