

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA**

IN RE: _____ CASE NO: _____

PETITION AND AFFIDAVIT SEEKING EX PARTE ORDER REQUIRING INVOLUNTARY EXAMINATION

I, _____, being duly sworn, am filing this sworn statement requesting a court order for the involuntary examination of _____ (hereinafter referred to as PERSON).
(PRINT NAME 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 mental health facility for an examination.

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: _____, State: _____ Zip: _____

b. I work as a: (Occupation) _____ Work Phone: (_____) _____

Work Street Address: _____, City: _____, State: _____ Zip: _____

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

Street Address: _____ City: _____

Street Address: _____ City: _____

Street Address: _____ City: _____

2. I have the following relationship with the PERSON:

3. (Check the one box that applies)

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

PETITION AND AFFIDAVIT SEEKING EX PARTE ORDER REQUIRING INVOLUNTARY EXAMINATION (CONTINUED)

4. (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 _____ in _____
(Type of Case) *(When)*

Explain: _____

5. I am on good terms with the PERSON at the present time. (Check one box) Yes No If 'No', please explain:

6. I have known the PERSON for _____ (how long).

- a. The PERSON has only recently displayed unusual kinds of behavior.
- b. The PERSON has, over a period of time, always acted in a strange manner.
- c. The PERSON's behavior has developed over a period of time.

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

7. I have seen the following behavior, which causes me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others. On _____ at approximately _____
(Time) am pm, I saw the PERSON: *(Date (mm/dd/yyyy))*

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

9. To my knowledge or belief, I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

CHECK AND/OR ANSWER APPLICABLE SECTIONS.

10. a. I have attempted to get the PERSON to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination):

b. I did not try to get the PERSON to agree to a voluntary examination because: _____

c. The PERSON refused a voluntary examination because: _____

11. The following steps were taken to get the PERSON to go to a hospital for mental health care: _____

12. I believe that the PERSON is unable to determine for himself/herself, why the examination is necessary because:Á

13. I believe that the PERSON suffers from a mental illness which will keep the PERSON from being able to meet theÁ
ordinary demands of living because: _____

14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care forÁ
himself/herself, because: _____

15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:Á

16. Can family or close friends now provide enough care to avoid harm to the PERSON? Yes No, If not, why?Á

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 (mm/dd/yyyy): _____

Sex: Male Female Race: _____ Attach picture of PERSON if possible. Picture attached? Yes No

Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Does the PERSON have access to any weapons? Yes No If yes, describe: _____

Is the PERSON violent now? Yes No Has the patient been violent in the recent past? Yes No If yes, describe: _____

Does the Person have any pending criminal charges against him/her? Yes No If yes, describe: _____

GUARDIANSHIP

1. Does the PERSON have a legal guardian? Yes No

2. Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? Yes No

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 Name: _____ Phone: (____) _____

MEDICATIONS Provide name of medications if known: _____

CASE MANAGEMENT Provide name of case manager or case management agency, if known:
Name: _____ Phone: (____) _____

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: _____

SWORN TO AND SUBSCRIBED BEFORE ME

this _____ day of _____,

OR

Paula S. O'Neil
Clerk & Comptroller
Pasco County, Florida

Deputy Clerk