



AFFIDAVIT IN SUPPORT OF PETITION-INVOLUNTARY EXAMINATION

IN RE:

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Alleged Mentally Ill Person

SECTION: \_\_\_\_\_

I am related to said person as follows: \_\_\_\_\_

I support a petition for the involuntary examination of said person believed to be mentally ill.

**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 I gave in this sworn statement which is not true may expose me to a criminal charge of perjury 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.**

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

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

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

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

STATE OF FLORIDA

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

Sworn to or affirmed and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_.

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

[Print, type, or stamp commissioned name of notary or deputy clerk.]

Personally known

Produced identification

Type of identification produced \_\_\_\_\_