

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

IN RE: \_\_\_\_\_ CASE NO: \_\_\_\_\_  
RESPONDENT DIVISION: \_\_\_\_\_

**PETITION AND AFFIDAVIT FOR INVOLUNTARY ASSESSMENT AND STABILIZATION**

I, \_\_\_\_\_, being duly sworn, am filing this sworn statement  
PRINT NAME OF PETITIONER

requesting a court order for the involuntary assessment of \_\_\_\_\_ (hereinafter  
PRINT NAME OF RESPONDENT  
referred to as Respondent).

Is the Respondent eighteen (18) years of age or older? [ ] YES [ ] NO Age of Respondent (if known): \_\_\_\_\_

The petition and affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form, the Respondent 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. Petitioner lives at (print full residence address): Phone (including area code): \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

b. The Respondent lives at, or may be found at:

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Street Address City State Zip

2. I have the following relationship with the Respondent:  
\_\_\_\_\_

3. I am on good terms with the Respondent at the present time (check one box) [ ] YES [ ] NO  
If "no", please explain:  
\_\_\_\_\_  
\_\_\_\_\_

4. I or a family member [ ] HAVE [ ] HAVE NOT previously made allegations to law enforcement involving this Respondent on \_\_\_\_\_ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. If allegations have been made, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. This Respondent [ ] HAS [ ] 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, neighborhood disputes, etc. If allegations have been made, describe:

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6. This Respondent [ ] HAS [ ] HAS NOT previously (or currently) been involved in criminal or delinquency charges.

7. Check the box that applies:

[ ] a. I or a family member am not now, and have not in the past, been involved in a court case with the Respondent.

[ ] b. I or a family member am now, or was, involved in a court case with the Respondent. This case is/was a:

\_\_\_\_\_ in \_\_\_\_\_  
(Type of Case) (When)

Explain: \_\_\_\_\_

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8. I have known the Respondent for \_\_\_\_\_ (how long)

[ ] a. The Respondent has only recently displayed behavior related to substance abuse.

[ ] b. The Respondent has, over a period of time, had a substance abuse problem. Specify how long:

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**CHECK AND COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:**

9. [ ] I believe that the Respondent is substance abuse impaired (defined in s.397.311(19), F.S., as a condition involving 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) or has a co-occurring mental health disorder. If checked, explain why (i.e., observation, related knowledge, etc.) AND

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10. [ ] I believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If checked, explain why (i.e., observation, related knowledge, etc.). AND

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11.  I believe the Respondent is in need of substance abuse services by reason of substance abuse impairment and he or she is incapable of appreciating his or her need for services and making a rational decision in that regard (a mere refusal to receive services is not enough to constitute lack of judgment). If checked, explain why (i.e., observation, related knowledge, etc.).

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12.  I believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If checked, explain why (i.e., observation, related knowledge, etc.).

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13.  I do not believe that such harm may be avoided through the help of willing family members or friends or the provision of other services. If checked, explain why (i.e., observation, related knowledge, etc.).

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14.  I believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If checked, explain why (i.e., observation, related knowledge, etc.).

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15.  a. I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

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b. I did not try to get the Respondent to agree to voluntary assessment or treatment because:

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c. The Respondent refused a voluntary assessment or treatment because:

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**PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:**

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Attach a picture of the Respondent if possible. Picture attached:  YES  NO

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

1. Does Respondent have access to any weapons?  YES  NO  UNKNOWN

If yes, please describe:

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

2. Is the Respondent violent now?  YES  NO  UNKNOWN

If yes, please describe:

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

3. Has the Respondent been violent toward anyone, including law enforcement, in the recent past?

YES  NO  UNKNOWN

If yes, please describe:

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

WHERE IS THE SUBJECT EMPLOYED? (*If applicable*)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Address, if known)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?

YES  NO If yes, Guardian's Name \_\_\_\_\_

\_\_\_\_\_  
(Guardian's Full Mailing Address and Phone Number)

DOES THE SUBJECT HAVE ANY CRIMINAL CHARGES PENDING?

NO  YES IF YES – ARE THEY  MISDEMEANOR  FELONY  NOT SURE

IS THE SUBJECT CURRENTLY INCARCERATED?.....[  YES [  NO

IS THE SUBJECT CURRENTLY ON PROBATION?.....[  YES [  NO

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE?.....[  YES [  NO

IS THERE ANY PENDING BAKER ACT CASE?.....[  YES [  NO

IS THERE ANY PENDING DEPENDENCY CASE?.....[  YES [  NO

IS THIS PERSON A VETERAN?.....[  YES [  NO

DOES THE SUBJECT REQUIRE AN INTERPRETER? IF SO, WHAT LANGUAGE?

\_\_\_\_\_

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

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

I have contacted \_\_\_\_\_ at \_\_\_\_\_,  
(Person with whom you spoke) (Name of Facility)

Who stated that the above named receiving facility is willing to evaluate the alleged substance abuser described above.

The facility will have space available for this person on \_\_\_\_\_ at \_\_\_\_\_ AM PM

**Do not sign until you are in the presence of a notary or Deputy Clerk**

**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 not 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 Petitioner: \_\_\_\_\_

**SWORN TO AND SUBSCRIBED before me**  
this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_

**OR SWORN TO AND SUBSCRIBED before me**  
this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_

who is personally known to me or presented  
\_\_\_\_\_ as identification

Office of Nikki Alvarez-Sowles, Esq.  
Pasco County Clerk & Comptroller

**NOTARY PUBLIC – STATE OF FLORIDA**  
My Commission expires: Date \_\_\_\_\_

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.**

Authority: s. 397.321(20). Florida Statutes  
March 2018