

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

**IN RE:**

**UCN:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination**

I, \_\_\_\_\_, being duly sworn, am filing this sworn statement requesting a court order  
Print Name of Petitioner

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 \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

b. I work as a (Occupation) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Street Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ 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 \_\_\_\_\_ (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 \_\_\_\_\_ (mm/dd/yyyy) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, etc. as described \_\_\_\_\_

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4. (Check the 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 \_\_\_\_\_ am/pm  
Date (mm/dd/yyyy) Time

I saw the PERSON \_\_\_\_\_

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 APPICABLE 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: \_\_\_\_\_

continued

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

These steps did not work because: \_\_\_\_\_

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

13. I believe that the PERSON suffers from a mental illness which will keep the PERSON from being able to meet the 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 for himself/herself because: \_\_\_\_\_

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

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

continued

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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 a picture of the PERSON if possible	Picture attached: no yes
Height:		Weight:		Hair Color:	
Eye Color:		Does the PERSON have access to any weapons?		No	Yes
		If yes, describe:			
Is the PERSON violent now?		No	Yes	Has the patient been violent in the past?	
		No	Yes	If Yes, describe:	
Does the PERSON have any pending criminal charges against him/her?		No	Yes	If Yes, describe:	
<b>GUARDIANSHIP</b>					
1. Does the PERSON have a legal guardian?		No	Yes		
2. Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian?		No	Yes		
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: (____) _____			
<b>MEDICATIONS</b> Provide name of medications if known.					
<b>CASE MANAGEMENT</b> 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 \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year

**OR**

**SWORN TO AND SUBSCRIBED** before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year

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

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

By: \_\_\_\_\_  
**Deputy Clerk**

**Notary Public – State of Florida**  
 My commission expires: Date (mm/dd/yyyy) \_\_\_\_\_

**A copy of the petition must be attached to an Ex Parte Order for Involuntary Examination and accompany the patient to the nearest receiving facility.**