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

IN RE: _____   CASE NO: _____

RESPONDENT (Person alleged to need Treatment)

DIVISION: _____

PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES

I, _____, the **Petitioner**, being duly sworn, am filing this sworn statement requesting a court order for the involuntary treatment of _____, the **Respondent**. I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

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

1. Contact Information

   Petitioner (print full residence address):

   _____
   Street Address   City   State   Zip

   Email: _____Phone (including area code): _____

   Respondent (lives or may be found at):

   _____
   Street Address   City   State   Zip

   _____
   Street Address   City   State   Zip

   Email: _____Phone (including area code): _____

2. Relationship of the Petitioner to the Respondent
   Petitioner is:
   ☐ Respondent's Spouse   ☐ Parent/Legal Guardian of the Respondent who is a Minor
   ☐ Respondent's Parent   ☐ Respondent's Guardian in case number: _____
   ☐ Relative: _____   ☐ Director of Licensed Service Provider: _____
   ☐ An adult who has direct personal knowledge of the Respondent's substance abuse impairment and his/her
      prior course of assessment and treatment.

3. Counsel
   ☐ The Respondent is represented by an attorney:
      Name: _____ Phone Number: _____
      Address: _____Email: _____
   ☐ The Respondent is not represented by an attorney.
   ☐ Petitioner does not know whether the Respondent is represented by an attorney.

4. I have a good faith reason to believe that the Respondent is substance abuse impaired as defined under Florida Statutes Section 397.311(20) based on the following specific behavior, conduct, or statements **that I have personally witnessed**:

The Respondent is substance abuse impaired, as evidenced by:

_____

_____

_____

_____

AND

Because of such impairment or disorder the Respondent has lost the power of self-control with respect to

substance abuse, as evidenced by:

_____

_____

_____

_____

AND (please complete one or both of the following)

The Respondent has inflicted or is likely to inflict physical harm on himself or others unless the court orders the involuntary services, as evidenced by:

_____

_____

_____

_____

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:

_____

_____

_____

_____

5. 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:

_____

_____

6. 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:

_____

_____

7. This Respondent   [ ] HAS   [ ] HAS NOT   previously (or currently) been involved in criminal or delinquency charges. If yes, describe:

_____

_____

8. Petitioner further alleges (Petitioner must allege **one** of the following):

☐ The Respondent has been assessed by a qualified professional within the past 30 days and this assessment will be filed with this Petition.

OR

☐ The Respondent was NOT assessed by a qualified professional before the filing of this petition or refused to submit to an evaluation.

OR

☐ The Respondent has been placed under protective custody by law enforcement because of substance abuse impairment or substance use disorder pursuant to section 397.677 within the previous 10 days. This is not custody for involuntary examination under the Baker Act.

OR

☐ The Respondent has been subject to an emergency admission to a hospital or licensed detoxification facility or addictions receiving facility for assessment pursuant to section 397.679 within the previous 10 days. This is not an emergency admission under the Baker Act.

9. Treatment Facility: I understand that it is my responsibility to find an approved **Marchman treatment facility**. I have contacted the following approved facility, arranged payment, and they have agreed to take the Respondent for **treatment**:

Name of Facility: _____

Telephone Number:_____ Person you spoke with:_____

Location of Facility:_____

THE FOLLOWING SECTION SHOULD ONLY BE COMPLETED IF THERE IS AN EMERGENCY AND YOU ARE SEEKING AN ORDER FOR ASSESSMENT AND STABILIZATION WITHOUT A HEARING.

☐ Emergency circumstances exist and I am requesting an Order for the Respondent's involuntary **assessment and stabilization** be entered without a hearing. My request is based upon the following specific behavior, conduct, or statements that **I have personally witnessed:**

_____

_____

_____

_____

☐ I understand that it is my responsibility to find an appropriate licensed receiving facility to conduct the **assessment** and arrange payment. I have contacted the following receiving facility that is willing to conduct an **assessment** that complies with Florida Statute section 397.6957 and appear at any subsequent court hearing:
Name of Facility: _____

Telephone Number:_____ Person you spoke with:_____

Address of Facility:_____

☐ I understand that by requesting an emergency pick-up order, the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization.

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/Employer)   (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.
_____
_____
_____
_____

Florida Statute Chapter 397
07/01/2024

A copy of this petition must be attached to any order entered and accompany the Respondent to the licensed hospital or substance abuse facility that has agreed to accept the Respondent.

The petition and affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent.

<u>DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK</u>

> **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 OR
this _____ day of _____,
by _____

who is personally known to me or presented
_____as identification

NOTARY PUBLIC - STATE OF FLORIDA
My Commission expires: Date _____

SWORN TO AND SUBSCRIBED before me
this _____ day of _____,

NIKKI ALVAREZ-SOWLES,
CLERK OF THE CIRCUIT COURT,

By: _____
                    Deputy Clerk