

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

IN RE: \_\_\_\_\_

REF #: \_\_\_\_\_ UCN: \_\_\_\_\_

**PETITION FOR INVOLUNTARY TREATMENT**

By authority of Chapter 397, Florida Statutes

I, \_\_\_\_\_, being duly sworn, am filing this sworn statement requesting a court order for the involuntary services of \_\_\_\_\_, (hereinafter referred to as Respondent).  
PRINT NAME OF RESPONDENT

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

**Relationship of Petitioner to Respondent:**

- Spouse  Parent (Minors)  
 Guardian  Relative \_\_\_\_\_  
 Legal Guardian of Minor  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.

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 Phone (including area code): \_\_\_\_\_  
b. Petitioner email address: \_\_\_\_\_  
c. Petitioner lives at (print full residence address):

_____	_____	_____	_____
Street address	City	State	Zip

The Respondent lives at, or may be found at:

_____	_____	_____	_____
Street address	City	State	Zip

_____	_____	_____	_____
Street address	City	State	Zip

_____	_____	_____	_____
Street address	City	State	Zip

I, \_\_\_\_\_ hereby state I have personally observed the behavior of \_\_\_\_\_, and have a good faith reason to believe that said respondent  
Print Name of Petitioner \_\_\_\_\_  
Print Name of Respondent \_\_\_\_\_

**is substance abuse impaired as defined under Florida Statutes Section 397, and allege:**

2. Petitioner alleges that the Respondent meets the criteria for involuntary admission as provided in Florida Statutes Section 397.6951 in that:

(a) Respondent is substance abuse impaired, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_ AND  
\_\_\_\_\_

(b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_ AND  
\_\_\_\_\_

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

OR,

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Petitioner further alleges: (Petitioner must allege **at least one** of the following:)

- Respondent has been assessed by a qualified professional within 5 days;
- Respondent has been subject to involuntary assessment and stabilization pursuant to F.S.397.6818 within the previous 12 days;
- Respondent has been placed under protective custody pursuant to F.S. 397.677 within the previous 10 days;
- Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the previous 10 days; or
- Respondent has been subject to alternative involuntary admission pursuant to F.S. 397.6822 within the previous 12 days.

4. The Respondent is:

- Represented by an attorney:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
- Not represented by an attorney.
- Unknown whether the Person is represented by an attorney.

5. Respondent:

- Has assets sufficient to pay attorney fees.
- Does not have assets sufficient to pay attorney fees.
- Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. An assessment was performed on the Person by a qualified professional, at:

**Facility** or Professional's Name and Address and Phone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The assessment was performed on** (date) \_\_\_\_\_.

**The findings and recommendations of the assessment performed by the qualified professional are:**

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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 hereby petition this Court to enter an Order for Involuntary Services of the Respondent.

*Under penalties of perjury I declare that I have read the foregoing and the facts alleged are true and correct to the best of my knowledge and belief.*

Signature of Affiant/Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

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

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

**OR**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ personally known to me (or who has produced \_\_\_\_\_ as identification) and who appeared to me  by physical presence  by means of audio-video communication technology and who  did  did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA  
Name: \_\_\_\_\_  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

**NOTE: All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397. 501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.**