

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

IN RE: THE MATTER OF _____
Alleged Substance Abuser

CASE NUMBER: _____
SECTION: _____

AFFIDAVIT

I, _____, being duly sworn, do hereby state that I have personally observed the behavior and the conduct of, _____ and I have reason to believe that the person appears to meet the following criteria for involuntary assessment and stabilization. There is reason to believe said person is abusing substances pursuant to Chapter 397.6811, F.S., and because of his/her substance abuse: (PLEASE CHECK WHICH APPLIES)

- A.1 He/She has refused voluntary assessment and stabilization after conscientious explanation and disclosure of the purpose of the assessment and stabilization;
- or
- A.2 He/She is unable to determine for himself/herself whether an assessment and stabilization is necessary;

AND

- B.1 Without care or treatment, he/she is likely to suffer from neglect or refuse to care for himself/herself; such neglect or refusal poses a real and present threat of substantial harm to his/her well being; and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services;
- or
- B.2 There is substantial likelihood that, without care or treatment, he/she will cause serious bodily harm to himself/herself or others in the near future, as evidenced by recent behavior.

My observations, on which the above conclusion is based, are

AFFIDAVIT IN SUPPORT OF PETITION-INVOLUNTARY ASSESSMENT AND STABILIZATION

IN RE: _____ CASE NUMBER: _____

Alleged Substance Abuser

SECTION: _____

I am related to said person as follows: _____

I support a petition for the involuntary assessment and stabilization of said person believed to be a substance abuser.

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 _____