IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR ORANGE COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

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 State Zip Code

b. I work as a: (Occupation) _____ Work Phone: ( ) _____

_____
Work Street Address City State Zip Code

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 (date) _____ such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc., as described:

_____

_____

☐ b. This PERSON ☐ has or ☐ 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, etc., as described:

_____

_____

4. Check the one 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 _____ (Date (mm/dd/yyyy)) at approximately _____ (Time) ☐ am ☐ pm

   I saw the PERSON:

   _____

   _____

8. Other similar behavior I have personally seen is as follows:

   _____

   _____

9. To my knowledge or belief, ☐ I do ☐ 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 APPLICABLE 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:

    _____

    _____

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 has 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 or herself because:

_____

_____

_____

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

_____

_____

_____

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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: Age:

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 PERSON been violent in the recent past: ☐ No ☐ Yes
If yes, describe:

Does the PERSON have any pending criminal charges against him/her? ☐ No ☐ Yes If yes, describe:

GUARDIANSHIP:

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 (including city and zip):

PHYSICIAN: Name: Phone: ( )

MEDICATIONS: Provide name of medications if known:

CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, if known:

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 (month) _____, ____ (year)
by _____ who is personally known
to me or presented _____ as identification.

_____
Notary Public – State of Florida
My Commission expires on _____

OR

SWORN TO AND SUBSCRIBED before me
this ____ day of (month) _____, ____ (year)

Clerk of Circuit Court for
_____ County, Florida

By: _____
Deputy Clerk

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany the person to the receiving facility.