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

IN RE: _____ CASE NO.: _____

PETITION FOR INVOLUNTARY TREATMENT SERVICES AND EMERGENCY EX PARTE PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION

I, _____, under the Penalty of Perjury, **HEREBY**
Name of Petitioner
SWEAR/AFFIRM that I am the _____ of _____
Relationship to Respondent Name of Respondent

who is ____ years old, and the Respondent can be located at _____
Primary Address
or _____, and I have known the Respondent for
Secondary Address
_____, and have observed the Respondent's behavior and conduct and have reason
Months/Years
to believe that the Respondent is substance abuse impaired.

_____ **(CHECK IF APPROPRIATE)** I believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse.

_____ **(CHECK IF APPROPRIATE)** I believe that the Respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless the court orders the involuntary services.

_____ **(CHECK IF APPROPRIATE)** I believe 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 or her need for care and of making a rational decision regarding that need for care. (Note: A mere refusal to receive services is not enough to constitute a lack of judgment.)

Explain by listing observations and other knowledge to support this (these) allegation(s):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

This Petition may be accompanied by a certificate or report of a qualified professional who has examined the Respondent within the last thirty (30) days.

The certificate or report *must* include the qualified professional's findings regarding the Respondent's assessment and treatment recommendations.

If the Respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.

Has the Respondent been assessed within the last thirty (30) days?
(Circle answer) YES / NO.

If YES, attach a copy of the certificate or report, which must include the qualified professional's findings relating to the assessment of the Respondent and treatment recommendations.

If NO, the Respondent has not been assessed within thirty (30) days of the filing of the present treatment petition or refused to submit to an evaluation, explain why:

Is the Petitioner requesting an Emergency Ex Parte Order for Involuntary Assessment and Stabilization? ("Ex parte" is when the Court is asked to decide a legal question without the input of all parties in the case.) (Circle one) YES / NO

Does an attorney presently represent the Respondent? (Circle one) YES / NO
If YES, please provide the full name, address, and telephone number of the attorney.

_____
_____
_____
_____

If NO, an attorney will be appointed to represent the Respondent.

Respondent's Identifying Features:

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____EYE COLOR: _____ DOB: _____

Is the Respondent being treated for any medical or psychological conditions?

Provide the names and addresses of any of the Respondent's physician(s):

_____
_____
_____
_____
_____
_____

Has the Petitioner or a family member previously filed civil complaints or made criminal allegations to law enforcement involving the Respondent (to include accusations of Domestic Violence, Child Abuse, Child Neglect, Burglary or Trespassing, or Baker Act proceedings)?

(Circle one) YES/ NO:

If YES, list the dates and charges:

_____
_____
_____
_____
_____
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_____
_____
_____

Has the Respondent or family members previously filed civil complaints or made criminal allegations to law enforcement involving the Respondent (to include accusations of Domestic Violence, Child Abuse, Child Neglect, Burglary or Trespassing, or Baker Act proceedings)?

(Circle one) YES/ NO:

If YES, list the dates and charges:

Has the Respondent been involved in criminal or juvenile delinquency charges other than involving the Petitioner or a family member? (Circle One) Yes/ No

If Yes, list jurisdiction(s) and date(s):

Has the Respondent ever been physically or emotionally abused or suffered psychological or physical trauma? (Circle One) YES / NO

Is the Respondent or has the Respondent been a member of Law Enforcement (in any capacity), Emergency Medical personnel, or the United States Military (including Coast Guard)?

(Circle One) YES / NO

List of Institutions and dates served:

_____

_____

_____

Please list all prior Marchman Act cases and hearings, if any. Please list the case numbers, locations of the hearings (county/state), dates, and results of the hearings.

_____

_____

_____

_____

Has the Respondent been declared incompetent? (Circle One) YES / NO

If Yes, list jurisdiction(s) and date(s):

_____

_____

_____

Is the Respondent violent now? (Circle one) YES/ NO.

Does the Respondent possess or have access to ANY weapons? (Circle one) YES/ NO.

Does the Respondent have a history of violence (not explained above)? (Circle one) YES/ NO.

If Yes, List Jurisdiction(s) and Date(s):

_____

_____

_____

_____

_____

_____

_____

Does the Respondent need an interpreter? (Circle one) YES/ NO.

If Yes, what language? _____

Petitioner's name, address, and phone number are:

_____

_____

Respondent's Spouse or Legal Guardian's name, address and phone number:

_____

_____

Respondent's Parent or Legal Guardian (if a juvenile) name, address and phone number:

_____

_____

Respondent's name, current address, last known location(s), and phone number:

_____

_____

_____

_____

_____

_____

I HEREBY SWEAR/AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT.

_____

Petitioner

_____

Printed Name

STATE OF _____
COUNTY OF _____

Sworn to (or Affirmed) and Subscribed Before Me By
Means of ☐ Physical Presence or ☐ Online Notarization this _____ day of
_____, 202__, by

_____, Who
☐ Is Personally Known to Me or ☐ Produced Identification.
Type of Identification Produced: _____

_____

Signature of Notary Public

_____

Printed Name of Notary Public Administering Oath Pursuant to §117.03, Florida Statutes