

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
IN AND FOR CHARLOTTE COUNTY, FLORIDA

IN RE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_  
RESPONDENT

**Petition and Affidavit for Involuntary Assessment and Stabilization**

I, \_\_\_\_\_, being duly sworn, am filing this sworn statement requesting a court order  
Print Name of Petitioner  
for the involuntary assessment of \_\_\_\_\_ (hereinafter referred to as Person).  
Print Name of Person

Is the Person eighteen (18) years of age or older?  Yes  No Age of Person (if known): \_\_\_\_\_

The 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 hospital or licensed substance abuse facility for assessment and stabilization.

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 lives at (print full residence address): Phone (including area code): \_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip

b. The Person lives at, or may be found at:

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Street Address City State Zip

2. I have the following relationship with the Person: \_\_\_\_\_

3. I am on good terms with the Person at the present time (check one box).  Yes  No If "no", please explain:

\_\_\_\_\_  
\_\_\_\_\_

4. I or a family member  have  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. If allegations have been made, describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. This Person  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:

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6. This Person  has  has not previously (or currently) been involved in criminal or delinquency charges.

7. Check the box that applies:

a. I or a family member am 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: \_\_\_\_\_

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8. I have known the Person for \_\_\_\_\_ (how long)

a. The Person has only recently displayed behavior related to substance abuse.

b. The Person has, over a period of time, had a substance abuse problem. Specify how long:

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## **CHECK AND COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:**

9. I believe that the Person is substance abuse impaired (defined in s. 397.311(18), F.S., as a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior) or has a co-occurring mental health disorder. If checked, explain why (i.e., observation, related knowledge, etc.).

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10. I believe that because of such impairment or disorder, the Person has lost the power of self-control with respect to substance abuse. If checked, explain why (i.e., observation, related knowledge, etc.).

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11. I believe the person is in need of substance abuse services by reason of substance abuse impairment and he or she is incapable of appreciating his or her need for services and of making a rational decision in that regard (a mere refusal to receive services is not enough to constitute lack of judgment). If checked, explain why (i.e., observation, related knowledge, etc.).

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12. I believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being. If checked, explain why (i.e., observation, related knowledge, etc.).

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13. I do not believe that such harm may be avoided through the help of willing family members or friends or the provision of other services. If checked, explain why (i.e., observation, related knowledge, etc.).

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14. I believe there is substantial likelihood that the Person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If checked, explain why (i.e., observation, related knowledge, etc.).

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15.  a. I have attempted to get the Person to seek assistance for a substance abuse problem(s) as follows:

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- b. I did not try to get the Person to agree to a voluntary assessment or treatment because:

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- c. The Person refused a voluntary assessment or treatment because:

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## PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE PERSON (IF KNOWN):

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Attach a picture of the Person if possible. Picture attached:  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

16. Does Person have access to any weapons:  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Is the Person violent now?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has the Person been violent toward anyone,  
including law enforcement, in the recent past?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Does the Person have any pending criminal charges against him/her?  Yes  No  Unknown

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Does the Person have an attorney?  Yes  No  Unknown

If yes, please provide name of the attorney: \_\_\_\_\_

21. The Person  can  cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the Person.

22. Does the Person have a legal guardian?  Yes  No  Unknown

23. Is there a pending petition to determine the  
Person's capacity and to appoint a guardian?  Yes  No  Unknown

If yes to either question 21 or 22 above, provide the name, address and phone number of the current or proposed guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address

City

State

Zip

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Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

### Petitioner's signature can be verified by a Notary Public or by the Clerk of the Court

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

\_\_\_\_\_

Clerk of Circuit Court \_\_\_\_\_ County,  
Florida.  
By: \_\_\_\_\_  
Deputy Clerk