

**IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
IN AND FOR CHARLOTTE 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 for the involuntary examination of \_\_\_\_\_ (hereinafter referred to as PERSON).

(Print Name of Petitioner)

(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:

\_\_\_\_\_  
(Petitioner Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

b. I work as a:

\_\_\_\_\_  
(Occupation)

\_\_\_\_\_  
(Occupation Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone)

c. The Person lives, or may be found, at the following address(es):

Address: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

3. 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. as described: \_\_\_\_\_

4. 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: \_\_\_\_\_

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5. (Check the one box that applies)

- I or a family member are not now, and have not in the past, been involved in a court case with the Person.
- 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: \_\_\_\_\_  
\_\_\_\_\_

6. I am on good terms with the Person at the present time. (Check one box)  Yes  No

If no, please explain: \_\_\_\_\_

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

- The Person has only recently displayed unusual kinds of behavior.
- The Person has, over a period of time, always acted in a strange manner.
- The Person behavior has developed over a period of time.

**COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE**

8. 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 \_\_\_\_\_, 20\_\_\_\_ at approximately \_\_\_\_\_ am/pm, I saw the Person: \_\_\_\_\_

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

9. Other similar behavior I have personally seen is as follows: \_\_\_\_\_

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

10. To my knowledge or belief, I  do  do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from anti-social behavior or substance abuse impairment.

**CHECK AND/OR ANSWER APPLICABLE SECTIONS**

11.  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): \_\_\_\_\_

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

I did not try to get the Person to agree to a voluntary examination because: \_\_\_\_\_

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

The Person refused a voluntary examination because: \_\_\_\_\_

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

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12. The following steps were taken to get the Person to go to a hospital for mental health care: \_\_\_\_\_

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These steps did not work because: \_\_\_\_\_

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13. I believe that the Person is unable to determine for themselves, why the examination is necessary because:

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14. 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: \_\_\_\_\_

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15. I believe that without care or treatment, the Person is likely to suffer from neglect or refuse to care for themselves, because: \_\_\_\_\_

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16. I believe that this lack of care or neglect will lead to the Person harming himself or herself because:

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17. 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: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_ Picture attached:  No  Yes

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**

Does the Person have a legal guardian?  No  Yes

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: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**PHYSICIAN**

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**MEDICATIONS**

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

**CASE MANAGEMENT**

*(Please provide name and phone number of case manager or case management agency, if known)*

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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**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

\_\_\_\_\_  
Print Name

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is  personally known to me or  produced \_\_\_\_\_ as identification and who took the oath.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Typed or Printed Name

My Commission expires: \_\_\_\_\_

(*seal*)

**OR**

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

ROGER D. EATON  
CLERK OF THE CIRCUIT COURT  
AND COUNTY COMPTROLLER

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 nearest receiving facility.**