

Petition and Affidavit for Involuntary Assessment and Stabilization

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, etc. as described: _____

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

8. I have known the Person for _____ (how long).
- ☐ The Person has only recently displayed behavior related to substance abuse.
- ☐ The Person has, over a period of time, had a substance abuse problem. Specify how long: _____

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.).

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.).

11. ☐ I believe the Person is in need of substance abuse services by reason of substance abuse impairment and he/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.).

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.).

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.).

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

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

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

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Provide the following identifying information about the person (if known):

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

If yes, describe: _____

Has the Person been violent toward anyone, including law enforcement, 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: _____

Does the Person have an attorney? ☐ No ☐ Yes ☐ Unknown

If yes, please provide name of attorney: _____

The Person ☐ can ☐ cannot afford an attorney. If not, Petitioner requests the court to appoint an attorney.

GUARDIANSHIP

Does the Person have a legal guardian? ☐ No ☐ Yes ☐ Unknown

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

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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 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: _____

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