

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

IN RE: CASE NO.: _____

Respondent
_____ /

PETITION FOR INVOLUNTARY TREATMENT SERVICES
(§ 397.68141 Fla. Stat.)

I (We), _____, being duly sworn, am (are) filing this sworn statement requesting a court Order for Involuntary Treatment Services for Substance Abuse under the Marchman Act of _____, [name of person] an adult or a minor (hereinafter referred to as Respondent).

The Petitioner(s) has(have) a good faith belief that the Respondent meets the criteria for Involuntary Admission because: *(Check one)*

- The Respondent is substance abuse impaired; **OR**
- The Respondent has a substance abuse disorder and a co-occurring mental health disorder.

1. Assessment Status [*Check all that apply*]

- Has NOT been assessed prior to the filing of this Petition.
- Respondent has been assessed by a qualified professional within the last 30 days; The assessment was performed on _____ [date].
- A copy of the Assessment is attached; or
- A copy of the Assessment will be filed with the Clerk of the Circuit Court by the qualified professional no later than the ordinary close of business on the day before the scheduled hearing and **Petitioner(s) will bring a copy to the scheduled hearing.**
- Has been placed under protective custody pursuant to §397.677 Fla. Stat. within the previous 10 days.
- Has been subject to an emergency admission under §397.679 Fla. Stat. within the previous 10 days.
- Has refused to submit themselves to an assessment.

2. Exigent Circumstances/Emergency Ex-Parte Order Request

- a. Is this an Emergency Situation? Yes No
- b. The Petitioner(s) believes this to be an emergency situation and request that the Court review the Petition immediately and grant an ex-parte order for involuntary assessment and stabilization without further notice or hearing based on the following: *(describe in detail the exigent/emergency circumstances, attach additional pages if necessary)*

3. Parties Information/Relationship:

- a. Petitioner(s) is (are) related to the Respondent as:
- Spouse Parent (of a minor)
- Legal Guardian Legal Guardian (of a minor)
- Relative Licensed Service Provider (for a minor)
- Licensed Service Provider
- An adult who has direct personal knowledge of the Respondent's substance abuse impairment
- b. The Petitioner knows does not know the Respondent's current location. To the best of the petitioner's knowledge, Respondent lives at, or may usually be found at:

Street Address City State Zip

Street Address City State Zip

c. Respondent's Demographic Information:

Sex: _____ Date of Birth: _____

Race: _____ Social Security Number: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

d. I am am not on good terms with the Respondent at the present time. If not on good terms, please explain why:

e. IF there is a domestic violence injunction a.k.a. restraining order, no contact order, dissolution of marriage, other family proceeding, pending eviction, or any other legal dispute involving the parties, or a family member, please provide the case number and location of the Court below:

f. I or a family member have have not previously made allegations to law enforcement involving this Person on ____ / ____ / ____ (date) such as domestic violence, trespassing, batter, child abuse, or neglect, Baker Act, neighborhood disputes, etc. *If allegations have been made describe below:*

g. 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 below:*

h. This Person has has not previously (or currently) been involved in criminal or delinquency charges. *If so, explain below:*

- i. I have known the Respondent for _____ (*how long*)
- The Respondent has only recently displayed behavior related to substance abuse impairment or disorder.
 - The Respondent has, over a period of time, had a substance abuse impairment or disorder. If so, specify how long: _____.

4. Assessment Location (emergency/Ex-Parte Order): I understand that assessments done pursuant to an Ex-Parte Order shall be done at the nearest Marchman Act Receiving Facility and that facility may or may not be able to provide treatment services. I understand it is my responsibility to determine a treatment location if appropriate.

Marchman Act Receiving Facilities:

Lee County:

Collier County: Naples Community Hospital, Baker Downtown (adults) and Naples Community Hospital, North Naples (minors)

Charlotte County: Charlotte Behavioral Health

Hendry County:

Glades County:

5. Assessment Location (non-emergency): I have have not made arrangements for the Respondent to be assessed, at my expense. If arrangements have been made, please provide the following information.

Name of Facility: _____

Telephone Number: _____ Name of Contact Person: _____

Location of Facility: _____

6. Treatment Facility: I understand it is my responsibility to find an approved Marchman treatment facility. I have contacted the following approved facility, arranged payment, and they have agreed to accept the Respondent for treatment:

Name of Facility: _____

Telephone Number: _____ Name of Contact Person: _____

Location of Facility: _____

CHECK AND COMPLETE THE FOLLOWING:
(Complete all sections in detail. Add additional pages as necessary)

7. Petitioner(s) states they have personally observed the behavior of the above-named Respondent, and have a good faith reason to believe that the Respondent is substance abuse impaired (defined in s. 397.311(19), F.S., as a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or cause socially dysfunctional behavior) or has a substance abuse disorder and co-occurring mental health disorder and, because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse; and either:

- is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard; [OR]
- without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services, or there is a 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;

a. Petitioner believes Respondent is substance abuse impaired because:

b. Petitioner believes that because of such impairment, the Respondent has lost the power of self-control with respect to substance abuse as evidenced by:

c. Petitioner believes the Respondent is likely to suffer from neglect or refuse to care for himself or herself because:

d. Petitioner believes the Respondent neglect or refusal to care for himself or herself poses a real and present threat of substantial harm to his or her well-being because:

e. Petitioner believes the Respondent has inflicted or is likely to inflict physical harm on themselves or others unless the court orders involuntary services because:

f. The Petitioner believes that 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 their need for care and of making a rational decision regarding that need for care because:

8. The Respondent is:

Represented by an attorney:

Name: _____ Telephone No.: _____

Address: _____

Not known to be represented by an attorney.

9. To the best of Petitioner's knowledge:

The Respondent has sufficient assets to afford an attorney.

The Respondent does not have sufficient assets to afford an attorney.

It is unknown if the Respondent can afford an attorney

10. Does the Respondent have access to any weapons? Yes No Unknown
If yes, please describe the type of weapon(s) and their location(s) if known:

11. Has the Respondent been violent toward anyone including law enforcement in the recent past?
If yes, please describe:

12. Is the Respondent violent now? If yes, please describe:

13. Does the Petitioner(s) or the Respondent require the assistance of an interpreter?
 Yes or No. If YES, please identify the type of interpreter required _____
14. Does the Respondent have a legal Guardian? Yes No Unknown
15. Is there a pending petition to determine the Respondent's capacity, and to appoint a guardian?
 Yes No Unknown
16. If YES, to either question 14, or 15 above, provide the name, address, and phone number of the current or proposed guardian, along with a copy of the Letters of Guardianship if issued.
- Guardian
Name _____ Phone _____
Address _____ City _____ State _____
Zip _____

WHEREFORE, the Petitioner requests an order for the involuntary services and treatment of the Respondent. I understand that this Petition will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form, the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for treatment.

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.

I understand that knowingly and willfully furnishing false information for the purpose of obtaining emergency or other involuntary admission of the Respondent; causing, securing or conspiring with or assisting another to secure emergency or other involuntary procedure of the Respondent under false pretenses, or causing or conspiring with or assisting another, without lawful justification, to deny the Respondent of any right accorded pursuant to Chapter 397, Florida Statutes is a misdemeanor of the first degree punishable by up to 1 year in jail and a fine not exceeding \$5,000.

Under penalties of perjury, I declare that I have read the foregoing Petition and the facts alleged are true to the best of my knowledge and belief.

Signature of Petitioner

Date

Printed Name of Petitioner

Street Address

City

State

Zip

Email address

Telephone number

FURTHER AFFIANT SAYETH NOT.

State of _____

City of _____

County of _____

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this ___ day of _____, 20___, by _____,

who is personally known to me and/or produced _____ as identification.

My Commission Expires: _____

Notary Public/Deputy Clerk of Court