

IN RE: _____ Case No: _____
Respondent: _____/

PETITION FOR INVOLUNTARY TREATMENT
By authority of Chapter 397, Florida Statutes

I (We) _____ being duly sworn, hereby state that I(We) have personally observed the behavior of _____, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under Florida Statutes Section 397, and allege:

1. Respondent is an adult/ a minor.
2. Petitioner alleges that the Respondent meets the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:
- (a) Respondent is substance abuse impaired, as evidenced by: _____

_____ **AND** _____

- (b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: _____

_____ **AND** _____

- (c) _____ Respondent has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: _____

_____ **OR,** _____

_____ 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/her need for care and making a rational decision regarding his/her need for care, as evidenced by: _____

3. Petitioner further alleges: (Petitioner must allege at least one of the following:)
- _____ Respondent has been placed under protective custody pursuant to F.S. 397.677 within the previous 10 days;
- _____ Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the previous 10 days;
- _____ Respondent has been assessed by a qualified professional within 5 days;
- _____ Respondent has been subject to involuntary assessment and stabilization pursuant to F.S. 397.6818 within the previous 12 days; or
- _____ Respondent has been subject to alternative involuntary admission pursuant to F.S. 397.6822 within the previous 12 days.

PETITION FOR INVOLUNTARY TREATMENT

4. The respondent is:

; Represented by an attorney:

Name: _____ Phone Number: _____

Address: _____

; Not represented by an attorney.

; Unknown whether Respondent is represented by an attorney.

5. Respondent

; Has assets sufficient to pay attorney fees.

; Does not have assets sufficient to pay attorney fees.

; Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. If an assessment was performed on Respondent by a qualified professional, the findings and recommendations of the assessment are:

; Attached.

; As follows:

I/We hereby petition this Court to enter an Order for Involuntary Treatment of the Respondent. Under penalties of perjury I (we) declare that I (we) have read the foregoing and the facts alleged are true and correct to the best of my (our) knowledge and belief.

Completed this ____ day of _____, _____.

Relationship of Petitioner to Respondent:

; Spouse ; Parent (Minors) ; Guardian ; Legal Guardian(of Minor)

; Relative ; Director of Licensed Service Provider

; Three Adults with Personal Knowledge of Respondent's Impairment and Prior Assessment and Treatment.

Petitioners:

Name: _____ Name: _____ Name: _____

Signature: _____ Signature: _____ Signature: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

PETITION FOR INVOLUNTARY TREATMENT

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was executed before me this _____ day of _____, _____, by _____, who is personally known to me and who has produced _____, as identification and who ; did / ;did not take an oath.

Typed or printed or stamped name of Notary

Signature of Notary

OR

Witness by my hand and seal on the _____ day of _____, _____.
Clerk of Court.

Deputy Clerk

NOTE: All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397. 501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.

RESPONDENT INFORMATION SHEET

Petition for Involuntary Treatment/Marchman Act

The following information is required to help the Sheriff's Office in serving the Respondent.

Court Case Number: _____

Respondent's Name: _____

Alias/Nick Names: _____

Home Address: _____

Place of Employment: _____

Time Usually Home: _____ am/pm Work Hours: _____ am/pm

Home Ph # _____ Work Ph # _____ Cell Ph # _____

Date of Birth: _____ Race: _____ Sex: _____

Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____

Language(s) Spoken: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Vehicle License Plate: _____ State: _____

Does RESPONDENT have any visible scars or tattoos? _____

If we cannot locate the RESPONDENT at home or work, can you suggest other locations we may try? (Relatives, Friends, addresses, hangouts, etc.)

Is the RESPONDENT currently or in the past been under the care of a Mental Health Physician: Yes ___ No ___ If yes, please list any known diagnoses and medications: _____

Does the RESPONDENT have Military or Specialized Training with Explosives or Weapons: Yes ___ No ___ If yes, please list any known: _____

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,
IN AND FOR INDIAN RIVER COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,
and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of General Practice and Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check **one** only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- | | |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Violence or Stalking Injunctions | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases [check **all** that apply]:
 pending case involves same parties, children, or issues;
 may affect court's jurisdiction;
 order in related case may conflict with an order in this case;
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____
Petitioner _____
Respondent _____
Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]
 Dissolution of Marriage Paternity
 Custody Adoption
 Child Support Modification/Enforcement/Contempt Proceedings
 Juvenile Dependency Juvenile Delinquency
 Termination of Parental Rights Criminal
 Domestic/Sexual/Dating/Repeat Mental Health
 Violence or Stalking Injunctions Other {specify} _____

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____
Date of Court Order/Judgment (if any): _____

Relationship of cases [check **all** that apply]:
 pending case involves same parties, children, or issues.
 may affect court's jurisdiction;
 order in related case may conflict with an order in this case;
 order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check **all** that apply]

- | | |
|---|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Violence or Stalking Injunctions | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: Florida Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [check **all** that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [check **one** only]

I **do not** request coordination of litigation in any of the cases listed above.

I **do** request coordination of the following cases: _____

3. [check **all** that apply]

Assignment to one judge

Coordination of existing cases

will conserve judicial resources and promote an efficient determination of these cases because: _____.

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____ County Sheriff's Department or a certified process server for service on the Respondent, and **[check all used]** () e-mailed () mailed () hand delivered, a copy to {name} _____, who is the **[check all that apply]** () judge assigned to new case, () chief judge or family law administrative judge, () {name} _____ a party to the related case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
E-mail Address(es): _____
Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the {choose **only one**}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____
{name of business} _____
{address} _____
{city} _____ {state} _____, {telephone number} _____.