

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ 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  
Print Name of Petitioner  
for the involuntary examination of \_\_\_\_\_ (hereinafter referred to as PERSON).  
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: (print your full residence address and phone number) Phone: ( ) \_\_\_\_\_

\_\_\_\_\_

Street Address

City

State

Zip Code

b. I work as a: (Occupation) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

\_\_\_\_\_

Work Street Address

City

State

Zip Code

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

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

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

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

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

\_\_\_\_\_

3. Check the one box that applies:

a. I or a family member  have or  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:

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

b. 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:

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

4. Check the one box that applies:

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

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2 of 4)**

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

6. I have known the PERSON for (how long) \_\_\_\_\_.

a. The PERSON has only recently displayed unusual kinds of behavior.

b. The PERSON has, over a period of time, always acted in a strange manner.

c. The PERSON's behavior has developed over a period of time.

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

7. 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 \_\_\_\_\_ at approximately \_\_\_\_\_  am  pm  
Date (mm/dd/yyyy) Time

I saw the PERSON:

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

8. Other similar behavior I have personally seen is as follows:

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

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

**CHECK AND/OR ANSWER APPLICABLE SECTIONS**

10.  a. 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):

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

b. I did not try to get the PERSON to agree to a voluntary examination because:

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

c. The PERSON refused a voluntary examination because:

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

11. The following steps were taken to get the PERSON to go to a hospital for mental health care:

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

These steps did not work because:

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

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 3 of 4)**

12. I believe that the PERSON is unable to determine for himself/herself, why the examination is necessary because:

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13. 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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14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/herself, because:

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15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:

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16. Can family or close friends now provide enough care to avoid harm to the PERSON?  Yes  No  
If not, why?

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**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 4 of 4)**

<b>Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:</b>			
County of Residence:		Age:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Attach a picture of the PERSON if possible. Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the PERSON been violent in the recent past: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
<b>GUARDIANSHIP:</b>			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.			
Name:		Phone: ( )	
Address (including city and zip):			
<b>PHYSICIAN:</b> Name:		Phone: ( )	
<b>MEDICATIONS:</b> Provide name of medications if known:			
<b>CASE MANAGEMENT:</b> Provide name and phone number of case manager or case management agency, if known:			

**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: \_\_\_\_\_

**OR**

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_ day of (month) \_\_\_\_, \_\_\_\_ (year)  
by \_\_\_\_\_ who is personally known  
to me or presented \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public – State of Florida  
My Commission expires on \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_ day of (month) \_\_\_\_, \_\_\_\_ (year)  
Clerk of Circuit Court for  
\_\_\_\_\_ County, Florida

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 receiving facility.**