

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_  
RESPONDENT

**Petition for Involuntary Substance Abuse Assessment and Stabilization**

I, \_\_\_\_\_, being duly sworn, am filing this sworn statement requesting a court order  
Print Name of Petitioner  
for the involuntary assessment of \_\_\_\_\_ (hereinafter referred to as Person).  
Print Name of Person

Is the Person eighteen (18) years of age or older?  Yes  No Age of Person (if known): \_\_\_\_\_

The 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 hospital or licensed substance abuse facility for assessment and stabilization.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a. Petitioner lives at (print full residence address): Phone (including area code): ( ) - \_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip

b. The Person lives at, or may be found at:

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Street Address City State Zip

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

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

4. Check the box that applies:

a. 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:

b. 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. as described:

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c. This Person  has  has not previously (or currently) been involved in criminal or delinquency charges.

5. Check the box that applies:

a. I or a family member am 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:

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

a. The Person has only recently displayed behavior related to substance abuse.

b. 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:**

7. I believe that the Person is substance abuse impaired because:

8. I believe that because of such impairment, the Person has lost the power of self-control with respect to substance abuse for these reasons:

9. I believe the Person is in need of substance abuse services by reason of substance abuse impairment because:

10. Without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself because:

11. Other similar behavior I have personally seen as follows:

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## CHECK AND/OR ANSWER APPLICABLE SECTIONS:

12.  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:

13. The name of the Person's attorney is (if any):

\_\_\_\_\_

**Please 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Attach a picture of the Person if possible. Picture attached:  Yes  No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Does Person have access to any weapons:  Yes  No

If yes, please describe:

Is the Person violent now?  Yes  No

If yes, please describe:

Has the Person been violent in the recent past?  Yes  No

If yes, please describe:

Does the Person have any pending criminal charges against him/her?  Yes  No

If yes, please describe:

Does the Person have a legal guardian?  Yes  No

If yes, who? \_\_\_\_\_

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Is there a pending petition to determine the Person's capacity and to appoint a guardian?  Yes  No

If yes, provide the name, address and phone number of the current or proposed guardian:

Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Address

City

State

Zip

Physician's Name: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Provide name of medications, 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 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: \_\_\_\_\_

## Petitioner's signature can be verified by a Notary Public or by the Clerk of the Court

SWORN TO AND SUBSCRIBED before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_

who is personally known to me or presented

\_\_\_\_\_

as identification.

Notary Public – State of Florida

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

SWORN TO AND SUBSCRIBED before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Clerk of Circuit Court \_\_\_\_\_ County,  
Florida.

By: \_\_\_\_\_  
Deputy Clerk