

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.

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 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: \_\_\_\_\_

Petitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Ph # \_\_\_\_\_ Work Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Email address \_\_\_\_\_