

**I/We hereby petition the court to enter an Order for Involuntary Assessment and/or Stabilization of the RESPONDENT.**

**I/We 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/We understand that any information in this sworn statement which is not to the best of my/our knowledge and done in good faith may expose me/us to a penalty for perjury and other possible penalties under the statutes of the State of Florida. I/We declare that I/we have read the foregoing document and that the facts stated in it are true.**

I, \_\_\_\_\_ (petitioner)

being duly sworn and under penalty of perjury, am filing this sworn statement requesting a court order for the involuntary treatment of,

hereinafter referred to as the RESPONDENT.

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

Petitioner's Name:

Address:

Phone Numbers:

Email:

Relationship of Petitioner to Respondent:

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I, \_\_\_\_\_ (petitioner)

being duly sworn and under penalty of perjury, am filing this sworn statement requesting a court order for the involuntary treatment of,

hereinafter referred to as the RESPONDENT.

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

Petitioner's Name:

Address:

Phone Numbers:

Email:

Relationship of Petitioner to Respondent:

Signature of Affiant/Petitioner #1

Signature of Affiant/Petitioner #2

Signature of Affiant/Petitioner #3

SWORN TO AND SUBSCRIBED before me on **OR**

SWORN TO AND SUBSCRIBED before me on

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_ who is personally

known to me or presented \_\_\_\_\_  
as identification.

LAURA E. ROTH, CLERK OF COURT

\_\_\_\_\_

By: \_\_\_\_\_

Notary Public – State of Florida  
My Commission expires:

Deputy Clerk

**A copy of this petition must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.**