

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT,
IN AND FOR VOLUSIA COUNTY, FLORIDA

IN RE

Respondent.

Case No.: _____

PETITION FOR INVOLUNTARY TREATMENT SERVICES
(Marchman Act – Chapter 397)

I, _____, being duly sworn, hereby state that I 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 chapter 397 of the Florida Statutes (2024), and allege:

1. Respondent is an adult a minor.
2. Petitioner alleges that Respondent reasonably appears to meet the criteria for involuntary admission as provided section 397.675 of the Florida Statutes (2024) based upon the following:

(a) Respondent is substance abuse impaired, as evidenced by: _____

_____ **AND**

(b) Because of such impairment, 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**

_____ 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, if applicable:

Respondent has been placed under protective custody pursuant to section 397.677 within the previous 10 days;

Respondent has been subject to an emergency admission pursuant to section 397.679 within the last 10 days; or

Respondent has been assessed by a qualified professional within the last thirty (30) days

4. 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. Respondent:

has been assessed by a qualified professional within the last thirty (30) days.

The certificate or report is attached. Yes No

has not been assessed before the filing of this Petition.

refused to submit to an evaluation.

7. THERE IS AN EMERGENCY AND PETITIONER REQUESTS AN *EX PARTE* ORDER FOR ASSESSMENT AND STABILIZATION. Please provide in detail the Respondent's exigent circumstances.

8. Relationship of Petitioner to Respondent: _____

Petitioner's Name: _____ DOB: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____

Email: _____

ADDITIONAL INFORMATION REGARDING RESPONDENT FOR LAW ENFORCEMENT

(Provide the following identifying information about the person (if known))

Respondent Address: _____

City: _____ State: _____ Zip code: _____

County of Residence: _____

Social Security No.: _____ Date of Birth: _____

Race: _____ Sex: _____ Picture Attached: _____ Yes _____ No

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Features (prominent scars, tattoos, piercings, hair color or style): _____

Does the Respondent have access to firearms or weapons: _____ If yes, please describe: _____

Has this person been violent recently: _____ If yes, please describe: _____

Is the Respondent homeless: _____ If yes, please list address, business or area where the

Respondent can be located: _____

Does the Respondent take any medications: _____ If known, please list medication(s) and the name of the treating physician: _____

I HEREBY petition the court for entry of an Order for Involuntary Services for the Respondent, and under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true and correct to the best of my knowledge and belief.

Date: _____

Petitioner's Signature

STATE OF FLORIDA

COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization on (date) _____, 20____ by (affiant name)_____

_____.

NOTARY PUBLIC or Laura E. Roth, Clerk of the
Circuit Court, by DEPUTY CLERK

{Print, type, or stamp commissioned name of
notary or clerk}

_____ Personally known, OR

_____ Produced identification; Type of identification produced/ID# _____