

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

IN RE: _____
Respondent

CASE NO: _____

PETITION FOR INVOLUNTARY TREATMENT

By authority of Chapter 397, Florida Statutes

I/We, _____ being duly sworn, am filing this sworn statement
requesting a court order for the involuntary treatment of _____
(hereinafter referred to as PERSON).

1. The PERSON is 18 years of age or older? Yes or No AGE OF PERSON: _____
2. The PERSON lives at, or may be found at, the following address(es):

Street Address: _____

City: _____ ST: _____ Zip: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Relationship of Petitioner(s) to Respondent:

Spouse

Other Relative

Legal Guardian (Minor)

Parent

Guardian

Director of Licensed Service Provider

3. Petitioner alleges that the Respondent meets the criteria for involuntary admission as provided in the
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:

4. 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.

5. The Respondent is:

Represented by an attorney:

Name: _____ Phone Number: _____

Address: _____

Not represented by an attorney.

Unknown whether Respondent is represented by an attorney.

6. 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.

7. If an assessment was performed on Respondent by a qualified professional, the findings and recommendations are:

Attached.

As follows:

I/We hereby petition this Court to enter an Order for Involuntary Treatment 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.

Under penalties of perjury, I/we declare that I/we have read the foregoing document and that the facts stated in it are true.

Completed this _____ day of _____, _____.

Petitioner(s): ****Please add your Date of Birth below the phone number**

- 1) Name: _____
Signature _____
Address: _____
Phone No.: _____
D.O.B.: _____
- 2) Name: _____
Signature _____
Address: _____
Phone No.: _____
D.O.B.: _____
- 3) Name: _____
Signature _____
Address: _____
Phone No.: _____
D.O.B.: _____

Provide the following identifying information about the person (if known)			
County of Residence:		Social Security No.:	
DL#			
Date of Birth:	Sex:	Male	Female
Race:			
Attach a picture of the PERSON if possible. Picture attached:		No	Yes
Height:	Weight:	Hair Color:	Eye Color:
Distinguishing Features (prominent scars, tattoos, unusual hair color or style, etc.)			
Does the PERSON have access to any weapons?		No	Yes
If yes, describe:			
Is the PERSON violent now:		No	Yes
Has the person been violent in the recent past? If yes, describe:			
Does the PERSON have any pending criminal charges against him/her?		No	Yes
If yes, describe:			
Is the respondent homeless?		No	Yes
**SPECIAL INSTRUCTION TO LOCATE RESPONDENT			
Relative or friend contact information for assistance with service:			
Name: _____		Phone #: _____	
Best time to locate for service: _____			
List addresses, areas, businesses, etc. where the respondent might be located:			
PHYSICIAN: Name: _____ Phone: (____) _____			
MEDICATIONS: Provide name of medications if known.			

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was executed before me on this _____ day of _____ ,
_____, by _____ who is personally known
to me not personally known to me and who has produced
as identification and who did did not take an oath.

Typed, printed or stamped name of Notary

My Commission Expires:

Signature of Notary

OR

SWORN TO AND SUBSCRIBED before me this _____
day of _____ , _____.

**LAURA E. ROTH
CLERK OF THE CIRCUIT COURT**

By: _____
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.**