



COVER SHEET FOR MENTAL HEALTH FILINGS

Please refer to the General Information sheet provided separately and advise which type of petition you are filing: (Check ONE of the following)

BAKER ACT _____ Petition for Involuntary Examination on EX PARTE Order

MARCHMAN ACT

_____ (COURT HEARING) Petition for Involuntary Assessment and Stabilization

_____ (DETOX) Petition for EX PARTE Order for Involuntary Assessment and Stabilization

YOUR NAME: _____

YOUR PHONE NUMBER: _____

YOUR EMAIL: _____