

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT  
IN AND FOR DUVAL COUNTY, FLORIDA

IN RE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_,  
Administrator,

\_\_\_\_\_,  
Facility Respondent.

**Petition for Writ of Habeas Corpus or for Redress of Grievances**

1. This Court has jurisdiction pursuant to Section 394.459 (8), Florida Statutes.
2. Petitioner is being held by \_\_\_\_\_, (Administrator) in \_\_\_\_\_, (Facility), in Jacksonville (City), Florida.
3. ☐ Petitioner believes that he/she is being deprived of her/his freedom for invalid and illegal reasons. Petitioner believes that her/his confinement is illegal because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
and/or
4. ☐ Petitioner believes that he/she is being unjustly denied a right or privilege or that a procedure authorized by law is being abused. Petitioner believes that he/she is being unjustly denied a right or privilege or that a procedure authorized by law is being abused because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Petitioner is unable to afford counsel and would like the Office of the Public Defender or other counsel to be appointed to represent her/him in the above captioned matter.

**CONTINUED OVER**

## Petition for Writ of Habeas Corpus or for Redress of Grievances (Page 2)

WHEREFORE, Petitioner respectfully requests that this Court:

- ☐ Appoint the Office of Public Defender or other counsel to represent your Petitioner in these proceedings; and
- ☐ Enter an Order setting a return hearing on this Petition for Writ of Habeas Corpus for respondent to show by what legal authority he/she holds petitioner, and/or
- ☐ Set a hearing for the purpose of a judicial inquiry into the allegations of this Petition for Redress of Grievances and for ordering a correction of abuse of rights or privileges granted under Chapter 394, Part I, F.S.

I HEREBY CERTIFY that the above stated matters In the Petition for Writ of Habeas Corpus and Redress of Grievances are true and correct to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

am pm

\_\_\_\_\_  
Printed Name of Petitioner

There ☐ is or ☐ is not a petition for involuntary placement pending.

The person ☐ is or ☐ is not currently represented by counsel.

**Facilities must provide this form to any person making a verbal request for access to the Court. The completed form must be filed with the Clerk of the Court no later than the next working day and a copy retained in the person's clinical record. A copy of the completed Petition for Writ must be provided immediately to the person and copies of the Petition provided to those listed below, as applicable.**

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Person		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Guardian Advocate		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> Attorney		am pm	
<input type="checkbox"/> Health Care Surrogate/Proxy		am pm	