

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

IN RE: _____ CASE NO.: _____
RESPONDENT

PETITION FOR INVOLUNTARY TREATMENT SERVICES
By authority of Chapter 397, Florida Statutes

I (We), _____, being duly sworn, hereby state that I (We) 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 Florida Statutes Section 397, and allege:

1. Respondent is an adult / a minor.
(If the Respondent is a minor, an attorney will be appointed to represent the minor.)
2. My (our) relationship to Respondent is spouse / parent / legal guardian / relative / service provider/ or other adult with direct knowledge of impairment and prior course of assessment or treatment

3. Petitioner alleges that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:

(a) The 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) _____ The Respondent has inflicted or is likely to inflict physical harm on himself, herself, or others unless the court orders involuntary services, as evidenced by: _____

_____ OR

_____ The Respondent's refusal to voluntarily receive care is based on judgment so impaired because of substance use that the Respondent is not capable of appreciating the need for such services and of making a rational decision to receive treatment, as evidenced by: _____

_____.

4. Petitioner further alleges: (Check any of the following, if applicable:)

- Respondent has been placed under protective custody pursuant to F.S. 397.677 within the last 10 days;
 Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the last 10 days; or
 Respondent has been assessed by a qualified professional within the last 30 days.

5. Respondent has has not undergone an assessment performed by a qualified professional within the past thirty (30) days.

A copy of the assessment is attached and includes the qualified professional's findings relating to his or her assessment of the Respondent and the treatment recommendations.

A copy of the assessment is not available to the Petitioner and is not attached.

The Respondent refused to submit to an assessment. I am requesting that an assessment be ordered at this time.

6. There is an emergency based upon the following exigent circumstances, and I request an ex parte order for involuntary assessment and/or stabilization pursuant to section 397.6818, Florida Statutes.

This is not being filed as an emergency, and I do not request an ex parte order for involuntary assessment and/or stabilization pursuant to section 397.6818, Florida Statutes.

7. Is Petitioner represented by an attorney? YES NO

If yes, enter the name and address of Petitioner's attorney.

Is Respondent represented by an attorney? YES NO UNKNOWN

If yes, enter the name and address of Respondent's attorney, if known.

8. Does Respondent have medical insurance? YES NO UNKNOWN

If known, provide the type of medical insurance:

I hereby petition the Court for involuntary treatment and services for Respondent. The names and addresses of Petitioner, Respondent's spouse or legal guardian if Respondent is an adult, or Respondent's parent or legal guardian/custodian if Respondent is a minor are:

Name & Mailing Address of Petitioner: _____

Email Address of Petitioner: _____

Name & Address of Respondent: _____

Email Address of Respondent: _____

Respondent's spouse/legal guardian: _____

Respondent's parent/legal guardian/custodian: _____

Please provide the following identifying information about the person (if known) if it is determined necessary to take the PERSON into custody for examination:

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Person if possible. Picture attached: Yes No

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

Does Person have access to any weapons: Yes No

If yes, please describe:

Is the Person violent now? Yes No

If yes, please describe:

Has the Person been violent in the recent past? Yes No

If yes, please describe:

Does the Person have any pending criminal charges against him/her? Yes No

If yes, please describe:

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

Signature of Petitioner: _____

Petitioner's signature can be verified by a Notary Public or by the Clerk of the Court	
SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____ by _____ who is personally known to me or presented _____ as identification. Notary Public – State of Florida My Commission expires: Date: _____	SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____ Clerk of Circuit Court _____ County, Florida. By: _____ Deputy Clerk

- Copies to:
- Petitioner
 - Petitioner's Attorney (if applicable)
 - Respondent
 - Respondent's Attorney (if applicable)

Clay/Duval:

If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at (904) 255-1695 or crtinrp@coj.net, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you are hearing or voice impaired, call 711.

Nassau:

If you are a person with a disability who needs any accommodation to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at (904) 548-4600 press 0, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you are hearing or voice impaired, call 711.