

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT  
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA  
MENTAL HEALTH DIVISION

IN RE: \_\_\_\_\_  
(Print FIRST, MIDDLE, LAST name)      Respondent

CASE NO.: \_\_\_\_\_  
DIVISION: Z

PETITION FOR INVOLUNTARY ASSESSMENT & STABILIZATION  
(SUBSTANCE ABUSE)

I/We, \_\_\_\_\_, being duly sworn hereby state that I have good  
(Print Petitioner(s), FIRST, MIDDLE, LAST name(s))

faith reason to believe that \_\_\_\_\_, hereinafter referred to as  
(Print Respondent's, FIRST, MIDDLE, LAST name)

Respondent, is substance abuse impaired and, because of such impairment has lost the power of self-control with  
the respect to substance abuse, and either:

- ☐ 1. That the Respondent has inflicted or is likely to inflict physical harm on themselves or others unless admitted, **OR**
- ☐ 2. That 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 their need for care and of making a rational decision regarding their need for care. **AND**
- ☐ 3. The Respondent has refused to submit to an assessment.

Type of Substance Abuse: (Choose **ONLY ONE**)      ☐ Alcohol      or      ☐ Drugs

I have personal knowledge of the Respondent's substance abuse as follows:

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(Check the one that applies)

Either I or a family member \_\_\_\_ **has**, or \_\_\_\_ **has not** previously made allegations to law enforcement, or the court, involving this person such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, Marchman Act, etc. If I, or a family member, has previously made such allegations, they were on the following date \_\_\_\_\_ and the events are described as follows:

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(Check the one that applies)

This person (**respondent**) \_\_\_\_ **has**, or \_\_\_\_ **has not** previously made allegations to law enforcement, or the court, about me or my family, such as domestic violence, trespassing, battery, child abuse, or neglect, Baker Act, Marchman Act etc. If the person has previously made such allegations, they were on the following date \_\_\_\_\_ and the events are described as follows:

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I am related to the Respondent as follows: \_\_\_\_\_

Is Respondent able to afford an attorney?      ☐ Yes      ☐ No      ☐ Unknown

\_\_\_\_\_  
#1 (Printed name of Petitioner)

\_\_\_\_\_  
#2 (Printed name of Petitioner)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City ST ZIP Code

\_\_\_\_\_  
City ST ZIP Code

( ) \_\_\_\_\_  
Telephone of Petitioner(s) w/ Area Code

( ) \_\_\_\_\_  
Telephone of Petitioner(s) w/ Area Code

\_\_\_\_\_  
Signature of Petitioner(s)

\_\_\_\_\_  
Signature of Petitioner(s)

\_\_\_\_\_  
# 3 (Printed name of Petitioner)

\_\_\_\_\_  
Address of Petitioner(s)

\_\_\_\_\_  
City ST ZIP Code

( ) \_\_\_\_\_  
Telephone of Petitioner(s) w/ Area Code

\_\_\_\_\_  
Signature of Petitioner(s)

SWORN AND SUBSCRIBED before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

By: \_\_\_\_\_  
As Deputy Clerk

**MARCHMAN ACT  
SUBJECT INFORMATION SHEET**

**NOTE:** THE FOLLOWING INFORMATION BEING REQUESTED IS FOR THAT OF THE SUBJECT OF THIS PETITION.

NAME: \_\_\_\_\_ RACE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
(Print **FIRST, MIDDLE, LAST** name)

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**PRESENTLY LOCATED:** (*Only if different from above address*)

\_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

COLOR OF EYES \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

DOES THE SUBJECT USE: (Check all that apply).....[ ] ALCOHOL [ ] DRUGS [ ] BOTH

WHERE IS THE SUBJECT EMPLOYED? (*If applicable*)

\_\_\_\_\_  
(Name of Company) (Address, if known)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?

[ ] Yes [ ] No If yes, Guardians Name \_\_\_\_\_

\_\_\_\_\_  
(Guardians Full Mailing Address and Phone Number)

DOES THE SUBJECT HAVE ANY CRIMINAL CHARGES PENDING?

[ ] NO [ ] YES IF YES - ARE THEY [ ] MISDEMEANOR [ ] FELONY [ ] NOT SURE

IS THE SUBJECT CURRENTLY INCARCERATED..... [ ] YES [ ] NO

IS THE SUBJECT CURRENTLY ON PROBATION? ..... [ ] YES [ ] NO

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE? ..... [ ] YES [ ] NO

IS THERE ANY PENDING BAKER ACT CASE? ..... [ ] YES [ ] NO

IS THERE ANY PENDING DEPENDENCY CASE? ..... [ ] YES [ ] NO

IS THIS PERSON A VETERAN..... [ ] YES [ ] NO

DOES THE SUBJECT REQUIRE AN INTERPRETER? IF SO, WHAT LANGUAGE?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

ABOVE INFORMATION PROVIDED BY: \_\_\_\_\_

## Acknowledgement

Please be advised that we cannot provide or receive any information as to clinical assessment or clinical information via the phone or email on Marchman Act and/or Baker Acts Cases. In order to obtain any confidential information or copies of confidential information on Marchman Act and/or Baker Act cases, you **MUST BE** the **Petitioner(s)** or **Respondent** on the case and must come in person and provide legal photo I.D.

With Marchman Act Assessment Petitions or Baker Act Petitions our office will make one phone call to the petitioner(s) to advise as to the judge's decision on the petition. We will leave a message for you to return our call. Detailed messages as to the case will not be provided when leaving message.

If you are filing for an assessment petition under the Marchman Act (Drug and/or Alcohol abuse) you must bring back the assessment within **5 days** of the completion of the assessment (ACTS will contact you when it's ready to be picked up). **Failure to pick up the assessment and return to the Mental Health department to file for involuntary treatment will result in the matter being concluded and you will have to restart the process with an assessment if the Respondent continues to abuse substances.**

There will be no exceptions

\_\_\_\_\_  
First Petitioner's Name (Print & Sign Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Petitioner's Name (Print & Sign Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Third Petitioner's Name (Print & Sign Name)

\_\_\_\_\_  
Date

## MARCHMAN ACT PROCEEDINGS

### Petition for Involuntary Assessment and Stabilization

- Petition outlining the need for involuntary assessment and stabilization is filed
- Judge reviews Petition and if appropriate a Court date is set w/in 10 days (in some cases the Judge may have issued an Ex Parte Order for the Respondent to be detained until the assessment is complete)
- Attempts are made to serve the Respondent w/the petition
- At the initial hearing, the Respondent is advised of their right to legal representation
- Respondent **either** "waives" their right for legal representation (waiver is provided in court and must be signed and filed w/the court) **or** is sent to Indigency Screening to see if they qualify for a court appointed attorney **or** obtains their own attorney (in which case the hearing will be continued for one week)
- After hearing from all parties, the Judge determines whether Substance Abuse Evaluation and Stabilization is necessary, (An assessment may be done on an in-patient or out-patient basis as ordered by the Court) If it is determined that an assessment is not necessary, no further action is taken. If an assessment is ordered, the Respondent will be given instruction as to what to do.
- The Petitioner will be contacted by ACTS once the assessment has been completed.

### Petition for Involuntary Substance Abuse Treatment

- Petitioner comes to the Clerk's Office to complete the Petition for Involuntary Treatment and submit the assessment. **The petitioner is required to bring the assessment to the Clerk's Office within 5 days from the date the assessment is done.**
- The Respondent will be served with a copy of all pleadings, a Summons, and a Notice of Hearing.
- At the hearing, the Respondent is advised of their right to legal representation and either "waives" their right **or** are sent to Indigency Screening **or** allowed to obtain their own attorney (in which case the hearing will be continued for one week)
- Based on the recommendations outlined in the assessment and after hearing from all parties, the Judge determines whether Substance Abuse treatment is warranted. (Treatment may be ordered on an in-patient or out-patient basis.
- Initial treatment is for 60 days and a subsequent hearing for Renewal of Treatment is set.
- Court ordered treatment can be enforced by the court.
- **Any treatment ordered must be paid for by the Respondent or the Respondent's family.**

### Renewals/Subsequent Renewals

- Treatment Providers advise the court of the client's progress, prognosis and need for further treatment (if any)
- Based on the recommendations, the Judge determines whether continued Substance Abuse treatment is warranted
- If appropriate a Renewal or Subsequent Renewal Petition is filed by provider
- A hearing for Subsequent Renewal of treatment is set 90 days out

\*If Treatment Providers determine clients have successfully completed Substance Abuse Treatment prior to Renewal and Subsequent Renewal court dates, they are allowed to contact the court for an earlier court date

\*The Petitioner has the responsibility of attending all court hearings related to the Respondent's Treatment

## PLEASE NOTE:

When filing petitions in the Marchman Act Court, it is important, as the petitioner, to understand what may be expected and to note that matters may not always be handled in the way one may want them to be handled. This is a court, and there are certain laws and procedures that must be followed. The respondent has certain rights, and these rights will be upheld.

1. Please make sure that all the information provided is true and correct. All the information and observations in the petition for the assessment and stabilization must be from first-hand knowledge.
2. Please understand that in the petition the petitioner has asked the court to become involved in the respondent's substance abuse issues.
3. Once the assessment has been completed, the petitioner has the opportunity to return to the courthouse to file the petition for court ordered treatment. If treatment is ordered, the court will follow all recommendations of the assessor. In some cases, the petitioner may not agree with all of the recommendations.
4. Both the petitioner and the respondent, if present, will be provided with a plan in order to remain in compliance with the court order. If the respondent is a juvenile, the petitioner will be required to provide assistance (transportation and financial) to the respondent in order to follow the court order. If the respondent is an adult (18 or over), the petitioner can decide what assistance he or she will provide.
5. Please be advised that the respondent will be ordered to provide at least 2 random drug screens per week. In some cases it may be necessary to order more than 2 random drug screens per week. The respondent will be required to follow the treatment agency's protocol in regards to drug screening. The respondent's failure to submit to the drug screens could result in non-compliance with a court order.
6. If RESIDENTIAL TREATMENT is recommended, please be aware that there is a very long waiting list for admission into a residential program. **There is nothing the court can do to decrease the wait time.**
7. There are no lock-down residential facilities. If the respondent does not want to stay in treatment, he or she can walk away at any time. However, please be advised that, if the respondent does not follow the court order, the respondent will be scheduled to return to court to face an order to show cause. In some cases, the respondent may be sent to detention or jail.