**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT**

**IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

**MENTAL HEALTH DIVISION**

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

**Respondent** (Print **FIRST, MIDDLE, LAST** name) **DIVISION: Z**

**PETITION FOR INVOLUNTARY TREATMENT**

**(SUBSTANCE ABUSE)**

**I/We**, \_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request this Court enter an Order granting

(Print **FIRST, MIDDLE, LAST** name or Qualified Professional)

this Petition for Involuntary Treatment being filed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respondent** (Print **FIRST, MIDDLE, LAST** name)

based on the following facts:

1. The Respondent meets the requirements of involuntary treatment pursuant to Section 397.693, Florida Statute (2001) in that the Respondent meets the criteria for involuntary admission **AND**

\_\_\_\_\_ has been placed under the protective custody in the previous 10 days

\_\_\_\_\_ has been the subject of an emergency admission in the previous 10 days

\_\_\_\_\_ has been assessed by a qualified professional within 5 days

\_\_\_\_\_ has been the subject of an involuntary assessment and stabilization within

the previous 12 days, **OR**

\_\_\_\_\_ has been the subject of an alternative involuntary admission within the previous 12 days, **AND**

1. Petitioner believes that the Respondent is substance abuse impaired because of

\_\_\_\_\_ Drugs \_\_\_\_\_ Alcohol

**AND**

1. Petitioner believes that the Respondent has lost self-control with respect to the substance abuse because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND**

Page 1 of 4

1. \_\_\_\_\_ Petitioner believes the Respondent has, or is likely to, harm themself or others unless ordered for treatment because:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

\_\_\_\_\_ Petitioner believes Respondent’s refusal to accept voluntary care is because their judgment is impaired by virtue of the substance abuse and therefore they can not appreciate the need for care

(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:

(Check the one that applies)

This person \_\_ 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:

Name of Respondent’s attorney, if known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Respondent able to afford an attorney? [ ] Yes [ ] No [ ] Unknown

By filing this Petition for Involuntary Treatment, the Petitioner is stating the following:

1. Petitioner has personal knowledge of the Respondent’s substance abuse
2. Petitioner is attaching hereto for filing, a copy of the findings and recommendations of the assessment performed by a qualified professional

1. Respondent has refused voluntary substance abuse treatment
2. Petitioner’s relationship to Respondent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 2 of 4

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **#1** (Printed name of Petitioner)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Petitioner(s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City ST ZIP Code  (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone of Petitioner(s) w/ Area Code  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Petitioner(s) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **#2** (Printed name of Petitioner)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address of Petitioner(s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City ST ZIP Code  (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone of Petitioner(s) w/ Area Code  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Petitioner(s) |

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| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **# 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

Page 3 of 4

**MARCHMAN ACT**

**SUBJECT INFORMATION SHEET**

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

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RACE\_\_\_\_\_\_ AGE\_\_\_\_\_ SEX\_\_\_\_

(Print **FIRST, MIDDLE, LAST** name)

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MARITALSTATUS\_\_\_\_\_\_\_\_\_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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Page 4 of 4

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.

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**