

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
IN AND FOR HARDEE COUNTY, FLORIDA

IN RE: _____
Respondent

CASE NO: _____

Petition and Affidavit for Involuntary Assessment and Stabilization

I, _____, being duly sworn, am filing this sworn statement requesting a court order for the involuntary assessment of _____ (hereinafter referred to as Person).

Is the Respondent eighteen (18) years of age or older? ___ yes ___ no Age of Respondent (if known): _____

The petition and affidavit will be included in the Person's clinical record and may be viewed by the Person. I understand that by filling out this form, the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a. Petitioner address (physical and mailing):

Phone (including area code): _____

b. The Respondent lives at, or be found at:

Phone (including area code): _____

2. I have the following relationship with the Respondent: _____

3. I am on good terms with the Respondent at the present time ___yes ___no If "no", please explain: _____

4. I or a family member ___have ___have not previously made allegations to law enforcement involving the Respondent on _____ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. If allegations have been made, describe: _____

5. The Respondent ___ has ___ has not made allegation to law enforcement about me or my family on (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. If allegations have been made, describe: _____

6. The Respondent ___ has ___ has not previously (or current) been involved in criminal or delinquency charges. If yes describe: _____

7. Have you or a family member ever been involved in a court case with the Respondent ___ Yes ___ No. If yes provide the following:

_____ in _____
(Type of case) (What County)

Explain: _____

8. I have known the Respondent for _____ (how long)

___a. The Respondent has only recently displayed behavior related to substance abuse.

___b. The Respondent has, over a period of time, had a substance abuse problem. Specify how long:

CHECK AND COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

___9. I believe that the Respondent is substance abuse impaired (defined in s. 397.311(18), F. S., as a condition involving the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior, or has a co-occurring mental health disorder. If checked, explain why (i.e., observation, related knowledge, etc.)

___10. I believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If checked, explain why (i.e., observation, related knowledge, etc.).

___11. I believe the Respondent is in need of substance abuse services by reason of substance abuse impairment and he or she is incapable of appreciating his or her need for services and of making a rational decision in that regard (a mere refusal to receive services is not enough to constitute lack of judgment). If checked, explain why (i.e., observation, related knowledge, etc.).

___12. I believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being. If checked, explain why (i.e., observation related knowledge, etc.)

___13. I do not believe that such harm may be avoided through the help of willing family members or friends or the provision of other services. If checked, explain why (i.e., observation related knowledge, etc.)

___14. I believe there is substantial likelihood that the Respondent has inflicted, or threatened to attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If checked, explain why (i.e., observation related knowledge, etc.)

___15 A. I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

___ B. I did not try to get the Respondent to agree to a voluntary assessment or treatment because:

___ C. The Respondent refused a voluntary assessment or treatment because:

PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT (IF KNOWN)

County of Residence: _____ Date of Birth: _____ Age: _____
Race: _____ Sex: _____ SS #: _____ - _____ - _____

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

16. Does Respondent have access to any weapons: ___ Yes ___ No ___ Unknown

If yes, please describe:

17. Is the Respondent violent now? ___ Yes ___ No ___ Unknown

18. Has the Respondent been violent toward anyone, including law enforcement, in the recent past?

___ Yes ___ No ___ Unknown

19. Does the Respondent have any pending criminal charges against him/her?

___ YES ___ NO ___ UNKNOWN If yes, please describe:

20. Does the Respondent have an attorney? ___ Yes ___ No ___ Unknown

21. The Respondent ___ can ___ cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the Respondent.

22. Does the Respondent have a legal guardian? ___ Yes ___ No ___ Unknown

23. Is there a pending petition to determine the Respondents capacity and to appoint a guardian?

___ Yes ___ No ___ Unknown

If yes to either question 21 or 22 above, provide the name, address and phone number of the current or proposed guardian:

Name: _____ Phone: _____

Address City State ZIP

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 the facts stated in it are true.

Dated this _____ day of _____, 20__

Signature of Petitioner

Printed Name of Petitioner

Mailing Address

City, State, Zip Code

Telephone Number

Sworn to or affirmed and signed before me this ____ day of _____, 20__

Victoria L. Rogers,
Clerk of Courts

By: _____
Deputy Clerk