

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

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

This 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 PERSON may be taken by law enforcement to a mental health facility for an examination.

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

1. a. I live at: (Print Your Full Residence Address and Phone Number) Phone: (_____) _____
Street Address: _____ City _____ ST _____ Zip _____

b. I work as a: (Occupation) _____ Work Phone: (_____) _____
Work Street Address: _____ City _____ ST _____ Zip _____

c. The PERSON lives at, or may be found at, the following address(es):
Street Address: _____ City _____
Street Address: _____ City _____
Street Address: _____ City _____

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

3. (Check the one box that applies)

a. I or a family member have or have not previously made allegations to law enforcement involving this
PERSON on _____ (Date mm/dd/yyyy) such as domestic violence, trespassing, battery, child abuse or neglect, Baker
Act, etc. as described: _____

b. This PERSON has or has not previously made allegations to law enforcement about me or my
family on _____ (Date mm/dd/yyyy) such as domestic violence, trespassing, battery, child abuse or neglect,
Baker Act, etc. as described: _____

CONTINUED

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2)

4. (Check the one box that applies)

- a. I or a family member are not now, and have not in the past, been involved in a court case with the PERSON.
- b. I or a family member am now, or was, involved in a court case with the PERSON. This case is/was a

_____ in _____
Type of Case When

Explain: _____

5. I am on good terms with the PERSON at the present time. (Check one box) Yes No If "no", please explain:

6. I have known the PERSON for _____ (how long).

- a. The PERSON has only recently displayed unusual kinds of behavior.
- b. The PERSON has, over a period of time, always acted in a strange manner.
- c. The PERSON's behavior has developed over a period of time.

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

7. I have seen the following behavior, which causes me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ am pm,

Date (mm/dd/yyyy) Time

I saw the PERSON: _____

8. Other similar behavior I have personally seen is as follows: _____

9. To my knowledge or belief, I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

10. a. I have attempted to get the PERSON to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination): _____

b. I did not try to get the PERSON to agree to a voluntary examination because: _____

c. The PERSON refused a voluntary examination because: _____

CONTINUED

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 3)

11. The following steps were taken to get the PERSON to go to a hospital for mental health care: _____

These steps did not work because: _____

12. I believe that the PERSON is unable to determine for himself/herself , why the examination is necessary because:

13. I believe that the PERSON suffers from a mental illness which will keep the PERSON from being able to meet the ordinary demands of living because: _____

14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/ herself, because: _____

15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:

16. Can family or close friends now provide enough care to avoid harm to the PERSON? Yes No, If not, why?

CONTINUED

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 4)

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:	Social Security No.:	Date of Birth (mm/dd/yyyy):	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Attach a picture of the PERSON if possible.	Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the patient been violent in the recent past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
GUARDIANSHIP			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.			
Name: _____		Phone: (_____) _____	
Address: _____		City: _____ Zip: _____	
PHYSICIAN Name: _____		Phone: (_____) _____	
MEDICATIONS Provide name of medications if known.			
CASE MANAGEMENT Provide name of case manager or case management agency, if known.			
Name: _____		Phone: (_____) _____	

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 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 Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____ Day Month Year by _____ who is personally known to me or presented _____ as identification. _____ Notary Public - State of Florida My Commission expires: Date (mm/dd/yyyy) _____	OR	SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____ Day Month Year Clerk of Circuit Court _____ County, Florida By: _____ Deputy Clerk
---	----	---

A copy of the petition must be attached to an Ex Parte Order for Involuntary Examination and accompany the patient to the nearest receiving facility.