

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
IN AND FOR SEMINOLE COUNTY, FLORIDA**

IN RE: \_\_\_\_\_  
Respondent

CASE NO.: \_\_\_\_\_

**PETITION FOR INVOLUNTARY SERVICES**

I, \_\_\_\_\_, whose relationship to Respondent is \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior and conduct of the Respondent, I have reason to believe that Respondent has a history of lack of compliance with treatment for substance abuse and is substance abuse impaired as defined under Section 397.311(19), Florida Statute, and I state further that:

- \_\_\_\_\_ 1. due to such impairment, the Respondent is unlikely to voluntarily participate in the recommended services or is unable to determine for himself or herself whether services are necessary, AND:
- \_\_\_\_\_ 2. (a) Without services, the Respondent is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that there is a substantial likelihood that without services the Respondent will cause serious bodily harm to himself, herself, or another in the near future, as evidenced by recent behavior; OR  
  
(b) 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 his or her need for care and of making a rational decision regarding that need for care.

I further allege that Respondent:

- \_\_\_\_\_ 1. Has been placed under protective custody pursuant to Section 397.677, Florida Statutes, within the previous ten (10) days.
- \_\_\_\_\_ 2. Has been subject to an emergency admission pursuant to Section 397.679, Florida Statutes, within the previous ten (10) days.
- \_\_\_\_\_ 3. Has been assessed by a qualified professional within five (5) days.
- \_\_\_\_\_ 4. Has been subject to involuntary assessment and stabilization pursuant to Section 397.6818, Florida Statutes, within the previous 12 days; or
- \_\_\_\_\_ 5. Has been subject to alternative involuntary admission pursuant to Section 397.6822, Florida Statutes, within the previous 12 days.

The findings and recommendations of the assessment performed by the qualified professional(s) are hereby attached.

Allegations in support of the above:

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

The name of the Respondent’s Attorney (if known): \_\_\_\_\_.

I hereby petition the Court to order the Respondent to receive involuntary services from his or her chosen licensed service provider, if possible and appropriate.

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 belief given 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.

Petitioner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

STATE OF FLORIDA            )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

GRANT MALOY  
CLERK OF THE CIRCUIT COURT AND  
COMPTROLLER

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