

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

IN RE:

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

\_\_\_\_\_  
(Respondent)

**PETITION FOR INVOLUNTARY TREATMENT**

By authority of Chapter 397, Florida Statutes

I \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior of \_\_\_\_\_, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under Florida Statutes Section 397, and allege:

1. Respondent is ☐ an Adult or ☐ a Minor
2. Petitioner's relationship to the Respondent is:  

<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent (MINOR)
<input type="checkbox"/> Guardian	<input type="checkbox"/> Legal Guardian (of minor)
<input type="checkbox"/> Relative	<input type="checkbox"/> Director of Licensed Service Provider
<input type="checkbox"/> An adult who has direct personal knowledge of the Respondent's substance abuse impairment and his/her prior course of assessment and treatment.	
3. Petitioner alleges in good faith that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:
  - (a) Describe the reasons why the Petitioner believes that the Respondent is substance abuse impaired:

- (b) Describe the reasons why because of their impairment the Respondent has lost the power of self-control with respect to substance abuse.

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**AND**

- (c) ☐ If you believe the Respondent has already inflicted physical harm on him/herself or others **OR** there is a substantial likelihood that the Respondent will inflict physical harm on him/herself or others, describe in detail why you believe there is a risk of harm (or what harm has already occurred).

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**OR**

☐ 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.

If you believe the Respondent's judgment is so impaired due to substance abuse, provide examples to show how the Respondent cannot appreciate his or her need for care.

4. This Petition may be accompanied by a certificate or report of a qualified professional who has examined the Respondent within the last thirty (30) days.

The certificate or report must include the qualified professional's findings regarding the Respondent's assessment and treatment recommendations.

If the Respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.

Has the Respondent been assessed within the last thirty (30) days?  
(Circle answer) YES / NO.

If YES, attach a copy of the certificate or report, which must include the qualified professional's findings relating to the assessment of the Respondent and treatment recommendations.

If NO, the Respondent has not been assessed within thirty (30) days of the filing of the present treatment petition or refused to submit to an evaluation, explain why:

5. Are you requesting an ex parte assessment and stabilization order be entered due to an emergency?

☐ Yes

☐ No

If yes, please describe in detail the Respondent's emergency circumstances. Include the reasons why the court should enter an order requiring the Respondent be taken into custody and delivered to the nearest appropriate licensed provider for an evaluation.

Does an attorney presently represent the Respondent? (Circle one) YES / NO

If YES, please provide the full name, address, and telephone number of the attorney.

If NO, an attorney will be appointed to represent the Respondent.

**DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK**

**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 that the facts stated in it are true.**

Signature of Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**I HEREBY SWEAR/AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT.**

Signature of Petitioner

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or Affirmed) and Subscribed Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, Who ☐ Is Personally Known to Me or ☐ Produced  
Identification or ☐ Is Physical Presence or ☐ Online Notarization

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Administering Oath Pursuant to §117.03, Florida Statute

Printed Name of Notary Public

**PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:  
(NECESSARY FOR SHERIFF TO IDENTIFY RESPONDENT)**

Respondent's Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Where is Respondent Currently Located: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SS#: \_\_\_\_\_

Attach a picture of the Respondent if possible. Picture attached: ☐ YES ☐ NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

1. Does Respondent have access to any weapons: ☐ YES ☐ NO ☐ UNKNOWN

If yes, please describe: \_\_\_\_\_

2. Is the Respondent violent now? ☐ YES ☐ NO ☐ UNKNOWN

If yes, please describe: \_\_\_\_\_

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

☐ YES ☐ NO ☐ UNKNOWN

If yes, please describe: \_\_\_\_\_

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

\_\_\_\_\_  
(Name of Company and Address)

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

☐ YES ☐ NO If yes, Guardian's Name \_\_\_\_\_

(Guardian's Full Mailing Address and Phone Number)

DOES THE RESPONDENT HAVE ANY CRIMINAL CHARGES PENDING? ☐ YES ☐ NO ☐ UNSURE

IS THE SUBJECT CURRENTLY INCARCERATED ..... ☐ YES ☐ NO ☐ UNSURE

IS THE SUBJECT CURRENTLY ON PROBATION?..... ☐ YES ☐ NO ☐ UNSURE

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE?..... ☐ YES ☐ NO ☐ UNSURE

IS THERE ANY PENDING BAKER ACT CASE? ..... ☐ YES ☐ NO ☐ UNSURE

IS THERE ANY PENDING DEPENDENCY CASE?..... ☐ YES ☐ NO ☐ UNSURE

IS THIS PERSON A VETERAN..... ☐ YES ☐ NO ☐ UNSURE

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

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

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