

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT  
IN AND FOR SANTA ROSA COUNTY, FLORIDA**

**IN RE:** \_\_\_\_\_

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

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination**

I, \_\_\_\_\_ (petitioner), being duly sworn am filing this sworn statement requesting a court order for the involuntary examination of \_\_\_\_\_ (hereinafter referred to as PERSON).

This petition and affidavit will be included in the PERSON's clinical record and may be reviewed 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** full address and phone please)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

b. I work as a (occupation): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

c. The PERSON lives at, or may be found at. The following address(es):

Street: \_\_\_\_\_ City: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Street: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

2. I have the following relationship with the PERSON: \_\_\_\_\_  
\_\_\_\_\_

3. (Check the box that applies)

a. I or a family member  have or  have not previously made allegations to law enforcement involving this PERSON on \_\_\_\_\_ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. This PERSON  has or  has not previously made allegations 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. as described: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 this PERSON.

b. I or a family member am now, or was, involved in a court case with this PERSON. The case is/was a (type of case) \_\_\_\_\_ in (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 caused me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others.

On (date) \_\_\_\_\_ at approximately (time) \_\_\_\_\_ I saw the PERSON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

9.  To my knowledge or belief,  I do  I do not believe that these actions were a result of retardation, developmental disability, intoxication, 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 or not 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 the PERSON has a mental illness which will keep the PERSON from being able to meet the ordinary demands of living because: \_\_\_\_\_  
\_\_\_\_\_

14. I believe that without 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/herself because: \_\_\_\_\_  
\_\_\_\_\_

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

**Please 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: Santa Rosa SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Picture attached:  Yes  No

Does the PERSON have access to any weapon?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Is the PERSON violent now?  Yes  No

Has the PERSON been violent in the past?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the PERSON have any pending criminal charges against him/her?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GUARDIANSHIP:**

1. Does the PERSON have a legal guardian?  Yes  No
2. Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian?  Yes  No

If yes to either of the above, provide the name, address and phone number of the current or proposed guardian.

Name:

Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**PHYSICIAN:** Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**MEDICATIONS (IF KNOWN):** \_\_\_\_\_

**CASE MANAGEMENT (IF KNOWN):** Name: \_\_\_\_\_

**AGENCY:** \_\_\_\_\_ 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 AND SUSBCRIBED before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by \_\_\_\_\_

- Personally known to me
- Presented as identification: \_\_\_\_\_

Clerk of Circuit Court Santa Rosa County, Florida:

\_\_\_\_\_  
Deputy Clerk

OR State of Florida Notary Public:

\_\_\_\_\_  
 My Commission expires on: \_\_\_\_\_  
 (stamp below)

A copy of the petition(s) must be attached to an Ex Parte Order of Involuntary Examination and accompany the person to the nearest receiving facility.