

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

**IN RE:** \_\_\_\_\_ **CASE NO:** \_\_\_\_\_

**Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization**

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

The PERSON is 18 years of age or older?  yes or  no Age 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 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. I live at: (**print** full address and phone please)

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

- b. 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. I am on good terms with the PERSON at the present time. (check one box)

Yes  No If "no", please explain: \_\_\_\_\_  
\_\_\_\_\_

4. (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: \_\_\_\_\_

c. This PERSON  has or  has not previously or currently criminal/delinquency charges.

5. (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: \_\_\_\_\_

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 believe that the PERSON is substance abuse impaired (defined in the law as 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) : \_\_\_\_\_

8. I believe that the PERSON has lost the power of self-control with respect to substance use because: \_\_\_\_\_

9. I have seen the following behavior, which causes me to believe that the that the PERSON has inflicted, or threatened or attempted to inflict, or unless admitted for assessment is likely to inflict, physical harm on himself or herself or someone else On \_\_\_\_\_ at approximately \_\_\_\_\_ am/ pm, I saw the PERSON: \_\_\_\_\_  
Date  
Time

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

11. I believe the PERSON is in need of substance abuse services because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about services because (a mere refusal to receive services is not enough to constitute lack of judgment): \_\_\_\_\_

12.  To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation, developmental disability, or conditions resulting from antisocial behavior.

**CHECK AND/OR ANSWER APPLICABLE SECTIONS**

13.  a. I have attempted to get the PERSON to agree to seek assistance for a substance abuse problem(s) as follows: \_\_\_\_\_

b. I did not try to get the PERSON to agree to a voluntary assessment or treatment because: \_\_\_\_\_

c. The PERSON refused a voluntary assessment or treatment because: \_\_\_\_\_

14.  I have made arrangements for the PERSON to be admitted to \_\_\_\_\_ Facility located at \_\_\_\_\_ for voluntary assessment and stabilization.

15. The name of the PERSON's attorney is (if any): \_\_\_\_\_

16. PERSON  can  cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the PERSON.

<b>Please provide the following identifying information about the PERSON (if known) if it is determined necessary to take the PERSON into custody for examination:</b>
County of Residence: <u>Santa Rosa</u> SSN: _____ DOB: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____ Picture attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the PERSON have access to any weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
Is the PERSON violent now? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PERSON been violent in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> 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 **OR**

this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_

by \_\_\_\_\_ who is

Personally known to me

Presented as identification:

\_\_\_\_\_

**SWORN AND SUSBCRIBED** before me

this \_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_\_

Clerk of Circuit Court Santa Rosa County, Florida

By: \_\_\_\_\_

Deputy Clerk

Notary Public – State of Florida

My Commission expires on: \_\_\_\_\_

(stamp below)

A copy of the petition(s) must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.

See s. 397, Florida Statutes