

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

IN RE: _____

CASE NO: _____

PETITION FOR INVOLUNTARY TREATMENT

By authority of Chapter 397, Florida Statutes

I (We) _____ petitioner(s), being duly sworn, hereby state that I (We) 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 a minor.

2. Petitioner alleges that the Respondent meets the criteria for involuntary admission as provided in Florida Statutes Section 397.3675 in that:
 - (a) Respondent is substance abuse impaired, as evidenced by: _____

_____ AND
 - (b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: _____

_____ AND
 - (c) Respondent has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: _____

_____ 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/her need for care and making a rational decision regarding his/her need for care, as evidenced by: _____

3. Petitioner further alleges: (Petitioner must allege at least one of the following:)
____ Respondent has been placed under protective custody pursuant to F.S. 397.677 within the previous 10 days;
____ Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the previous 10 days;

- Respondent has been assessed by a qualified professional within 5 days;
- Respondent has been subject to involuntary assessment and stabilization pursuant to F.S. 397.6818 within the previous 12 days; or
- Respondent has been subject to alternative involuntary admission pursuant to F. S. 397.6822 within the previous 12 days.

4. The respondent is:

Represented by an attorney:

Name: _____ Phone Number: _____

Address: _____

Not represented by an attorney.

Unknown whether Respondent is represented by an attorney.

5. Respondent

Has assets sufficient to pay attorney fees.

Does not have assets sufficient to pay attorney fees.

Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. If an assessment was performed on Respondent by a qualified professional, the findings and recommendations of the assessment are:

Attached.

As follows:

I/We hereby petition this Court to enter an Order for Involuntary Treatment of the Respondent. Under penalties of perjury I (We) declare that I (We) have read the foregoing and the facts alleged are true and correct to the best of my (our) knowledge and belief.

Completed this _____ day of _____, _____.

Relationship of Petitioner to Respondent:

Spouse Parent Guardian Legal Guardian (Minor)

Relative Director of Licensed Service Provider

Three Adults with Personal Knowledge of Respondent's Impairment and Prior Assessment and Treatment

Petitioners:

Name: _____ Signature: _____

Address: _____

Phone: _____

Name: _____ Signature: _____

Address: _____

Phone: _____

Name: _____ Signature: _____

Address: _____

Phone: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was executed before me this _____ day of _____, _____,
by _____

who is personally known to me and who has produced _____,
as identification and who did / did not take an oath.

Typed or printed or stamped name of Notary

Signature of Notary

OR

Witness by my hand and seal on the _____ day of _____, _____.

Clerk of Court Santa Rosa County, Florida.

Deputy Clerk

NOTE: All information pertaining to the person is confidential and is protected from disclosure under the authority found in F.S. 397.501(7) and 42 Code of Federal Regulations, Part 2.