

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

IN RE:

Respondent: _____

Case No.: _____

PETITION FOR INVOLUNTARY TREATMENT FOR SUBSTANCE ABUSE

By authority of Chapter 397, Florida Statutes

I (We), _____, 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 reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:

(a) The 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) ___ The 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, by checking, 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 last 10 days; or

_____ Respondent has been assessed by a qualified professional within the last 30 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 certificate or report of the qualified professional is attached. If the certificate or report of the qualified professional is not attached, Respondent was either:

not assessed before the filing of this Petition; or

refused to submit to an evaluation:

Relationship of Petitioner to Respondent:

Spouse Parent (Minors) Guardian Legal Guardian(of Minor)

Relative Director of Licensed Service Provider

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

Petitioners:

Name: _____ Name: _____ Name: _____

Signature: _____ Signature: _____ Signature: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Email: _____ Email: _____ Email: _____

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 _____, _____.

Provide the following identifying information about the person (if known): County of Residence: _____ Social Security No.: _____ Date of Birth: _____ Sex: ___ Male ___ Female Race: _____
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STATE OF FLORIDA
 COUNTY OF _____

Signed on _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online
 notarization on (date) _____, 20____ by (affiant name) _____
 _____.

 NOTARY PUBLIC or DEPUTY CLERK

 {Print, type, or stamp commissioned name of
 notary or clerk}

_____ Personally known, OR
 _____ Produced identification; Type of identification produced/ID# _____