

JEROME KASZUBOWSKI, CLERK OF COURTS – HIGHLANDS COUNTY, FLORIDA
LOCATION: 430 SOUTH COMMERCE AVE., ROOM 102 / MAILING: 590 SOUTH
COMMERCE AVE.,
SEBRING, FLORIDA 33870

Florida Statute §397.675 Marchman Act Criteria- a person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and, because of such impairment: (1) Has lost the power of self-control with respect to substance use; and either (2)(a) Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another; or (b) Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services. History.— s. 6, ch. 93-39; s. 737, ch. 95-148.

BY FILING A PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION, YOU, THE PETITIONER WILL RECEIVE NOTICE OF THE DATE OF THE HEARING BY MAIL. _____

(Initials)

BY FILING A PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION, **YOU, THE PETITIONER, MUST BE PRESENT AT THE HEARING AND PREPARE TO TESTIFY AS TO THE EVIDENCE SUPPORTING THE FACTS STATED IN THE PETITION.** _____

(Initials)

BY FILING A PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION, **YOU, THE PETITIONER, MUST BE PRESENT AT THE HEARING AND PREPARE TO TESTIFY TO HAVING PERSONALLY KNOWLEDGE OF THE PERSON USING DRUGS AS WELL AS OTHER DANGEROUS BEHAVIORS.** _____

(Initials)

1. DOES THE RESPONDENT HAVE ANY SEVERE MEDICAL CONDITIONS? YES NO
IF YES, PLEASE EXPLAIN: _____

2. LIST THE RESPONDENT'S REQUIRED MEDICATIONS THAT ARE PRESCRIBED AND NEEDED FOR HIS/HER PHYSICAL OR MENTAL WELL-BEING OR WRITE N/A IF NONE: _____

3. IS THE RESPONDENT ON METHADONE? YES NO
4. IS THE RESPONDENT PREGNANT? YES NO
5. DO YOU NEED THE SERVICES OF AN INTERPRETER AT THE HEARING? YES NO
IF YES, WHAT LANGUAGE: _____
6. DOES THE RESPONDENT NEED THE SERVICES OF AN INTERPRETER? YES NO
IF YES, WHAT LANGUAGE: _____

I HAVE READ THE FOREGOING AND A COPY OF F.S. 397. AND UNDERSTAND EVERYTHING CONTAINED THEREIN.

REQUIRED SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____
RESPONDENT

Petition for Involuntary Substance Abuse Assessment and Stabilization

I, _____, being duly sworn, am filing this sworn statement requesting a court order
Print Name of Petitioner
for the involuntary assessment of _____ (hereinafter referred to as Person).
Print Name of Person

Is the Person eighteen (18) years of age or older? Yes No Age of Person (if known): _____

The 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. Petitioner lives at (print full residence address): Phone (including area code): () - _____

Street Address City State Zip

b. The Person lives at, or may be found at:

Street Address City State Zip

Street Address City State Zip

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 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 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:

Petition for Involuntary Substance Abuse Assessment and Stabilization

(Page 2)

c. This Person has has not previously (or currently) been involved in criminal or delinquency charges.

5. Check the box that applies:

a. I or a family member am not now, and have not in the past, been involved in a court case with the Person.

b. I or a family member am now, or was, involved in a court case with the Person. This case is/was a:

_____ in _____
(Type of case) (When)

Explain:

6. I have known the Person for _____ (how long)

a. The Person has only recently displayed behavior related to substance abuse.

b. The Person has, over a period of time, had a substance abuse problem. Specify how long:

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

7. I believe that the Person is substance abuse impaired because:

8. I believe that because of such impairment, the Person has lost the power of self-control with respect to substance abuse for these reasons:

9. I believe the Person is in need of substance abuse services by reason of substance abuse impairment because:

10. Without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself because:

11. Other similar behavior I have personally seen as follows:

Petition for Involuntary Substance Abuse Assessment and Stabilization

(Page 3)

CHECK AND/OR ANSWER APPLICABLE SECTIONS:

12. a. I have attempted to get the Person 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:

13. The name of the Person's attorney is (if any):

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: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Person if possible. Picture attached: Yes No

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does Person have access to any weapons: Yes No

If yes, please describe:

Is the Person violent now? Yes No

If yes, please describe:

Has the Person been violent in the recent past? Yes No

If yes, please describe:

Does the Person have any pending criminal charges against him/her? Yes No

If yes, please describe:

Does the Person have a legal guardian? Yes No

If yes, who? _____

Petition for Involuntary Substance Abuse Assessment and Stabilization

(Page 4)

Is there a pending petition to determine the Person's capacity and to appoint a guardian? Yes No

If yes, provide the name, address and phone number of the current or proposed guardian:

Name: _____ Phone: () - _____

Address

City

State

Zip

Physician's Name: _____ Phone: () - _____

Provide name of medications, if known:

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 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: _____

Petitioner's signature can be verified by a Notary Public or by the Clerk of the Court

SWORN TO AND SUBSCRIBED before me this
_____ day of _____, 20____ by

_____ who is personally known to me or presented

_____ as identification.

Notary Public – State of Florida

My Commission expires: Date: _____

SWORN TO AND SUBSCRIBED before me this
_____ day of _____, 20____

Clerk of Circuit Court _____ County,
Florida.

By: _____
Deputy Clerk