

Dear Marchman Act Petitioner,

You may have or are anticipating the filing of a petition for involuntary assessment and stabilization. This is a multistep process that may necessitate that you hire an attorney under certain circumstances.

1. The court must hold a hearing on your petition within ten (10) days after the filing of said petition, assuming that you get proper service on the respondent (F.S. § 397.6815).
2. An initial hearing will be scheduled upon the filing of your petition. At that time, the court will review with you the procedure that must be followed according to the Florida Statutes.
3. Often, the respondent will agree to the assessment. If the respondent is unwilling to agree to the assessment, the court must receive sworn testimony before the court can order the respondent to involuntary assessment. As such, you must bring witnesses, pictures, and any other documentary evidence to support your petition for involuntary assessment. If in the course of the hearing the court has reason to believe that the respondent, due to mental illness other than or in addition to substance abuse impairment, is likely to injure himself or herself or another if allowed to remain at liberty, the court may initiate involuntary proceedings under the provisions of part I of chapter 394 (F.S. § 397.6818).
4. If the court enters an order authorizing involuntary assessment and stabilization (or if the respondent agrees voluntarily), an assessment date is scheduled with Stewart-Marchman-Act Behavioral Healthcare (SMA) for St. Johns County. The assessment appointment with SMA will be provided at the hearing.
5. Stewart-Marchman-Behavioral Healthcare usually faxes or emails the assessment results to the court. Depending on the evaluator's assessment, or respondent's failure to appear at the assessment appointment, the court may schedule a hearing. As the petitioner, you may need to file a petition for involuntary treatment (Step 2) if the respondent objects to the recommended treatment, such as in-patient treatment, a combination of in-patient and out-patient treatment, or out-patient treatment. **TIME IS OF THE ESSENCE IN THESE PROCEEDINGS.**
6. If the respondent objects to the recommended treatment, you must file a petition for involuntary treatment. The petition must be filed within twelve (12) days after the assessment. The respondent must be appointed civil regional counsel according to the statutes. It is then your responsibility to hire appropriate counsel to represent you in a trial in this matter on the newly filed petition for involuntary treatment. If the respondent is ordered into treatment, any financial responsibility falls to the parties.
7. Few self-represented individuals know how to file a petition for involuntary treatment, nor do they know how to subpoena the necessary witnesses, pay witness fees, are unfamiliar with moving items into evidence, questioning witnesses, etc. In most cases, an attorney needs to be hired by the petitioner at the petitioner's cost.

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR ST. JOHNS 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:

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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: _____

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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? _____

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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, St. Johns County, Florida.

By: _____

Deputy Clerk

RESPONDENT INFORMATION SHEET
Petition for Involuntary Treatment/Marchman Act

The following information is required to help the Sheriff's Office in serving the Respondent.

CASE NO.: _____

Respondent's Name: _____

Alias/Nick Names: _____

Home Address: _____

Place of Employment: _____

Time Usually Home: _____ am/pm Work Hours: _____ am/pm

Home Ph # _____ Work Ph # _____ Cell Ph # _____

Date of Birth: _____ Race: ___ Sex: ___ Hgt: _____ Wgt: ___ Hair: ___ Eyes: _____

Language Spoken: _____

Vehicle Year: _____ Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Vehicle License Plate: _____ State: _____

Does **RESPONDENT** have any visible scars or tattoos? _____

If we cannot locate the **RESPONDENT** at home or work, can you suggest other locations we may try?
(Relatives, Friends, addresses, hangouts, etc.) _____

Is the **RESPONDENT** currently or in the past been under the care of a Mental Health Physician:

Yes ___ No ___ If yes, please list any known diagnoses and medications: _____

Does the **RESPONDENT** have Military or Specialized Training with Explosives or Weapons: Yes ___

No ___ If yes, please list any known: _____

Petitioner's Name: _____

Address: _____

Home Ph # _____ Work Ph # _____ Cell Ph # _____

Email: _____

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By signing below, you acknowledge that you have read these criteria and understand your obligation in this matter.

Petitioner Name (Print and Sign)

Date