

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT
IN AND FOR ST. JOHNS COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

I, _____ being duly sworn, am filing this sworn statement requesting a court order
Print Name of Petitioner

for the involuntary examination of _____ (hereinafter referred to as PERSON).
Print Name 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 mental health facility for an examination.

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 your full residence address and phone number) Phone: () _____

Street Address City State Zip Code

b. I work as a: (Occupation) _____ Work Phone: () _____

Work Street Address City State Zip Code

c. The PERSON lives at, or may be found at, the following address(es):

Street Address: _____ City: _____

Street Address: _____ City: _____

Street Address: _____ City: _____

2. I have the following relationship with the PERSON: _____

3. Check the one 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, etc., as described:

4. 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 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: _____

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5. I am on good terms with the PERSON at the present time (check one box). Yes No If "no", please 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 have seen the following behavior, which causes me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ am pm
Date (mm/dd/yyyy) Time

I saw the PERSON:

8. Other similar behavior I have personally seen is as follows:

9. To my knowledge or belief, I do I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

10. a. I have attempted to get the PERSON to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination):

b. I did not try to get the PERSON to agree to a voluntary examination because:

c. The PERSON refused a voluntary examination because:

11. The following steps were taken to get the PERSON to go to a hospital for mental health care:

These steps did not work because:

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12. I believe that the PERSON is unable to determine for himself/herself, why the examination is necessary because:

13. I believe that the PERSON has a mental illness which will keep the PERSON from being able to meet the ordinary demands of living because:

14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/herself, because:

15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:

16. Can family or close friends now provide enough care to avoid harm to the PERSON? Yes No
If not, why?

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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:		Age:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Attach a picture of the PERSON if possible. Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the PERSON been violent in the recent past: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
GUARDIANSHIP:			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.			
Name:		Phone: ()	
Address (including city and zip):			
PHYSICIAN: Name:		Phone: ()	
MEDICATIONS: Provide name of medications if known:			
CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, 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 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: _____

OR

SWORN TO AND SUBSCRIBED before me
this ____ day of (month) ____, ____ (year)
by _____ who is personally known
to me or presented _____ as identification.

SWORN TO AND SUBSCRIBED before me
this ____ day of (month) ____, ____ (year)
Clerk of Circuit Court for St. Johns
County, Florida

Notary Public – State of Florida
My Commission expires on _____

By: _____
Deputy Clerk

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany the person to the receiving facility.

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: _____