

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. After you complete the petition, and swear to the truthfulness of the information, the court will review the information you have provided. If the court agrees that the criteria appears to have been met, either a hearing will be scheduled within 10 days or the judge can order the person picked up immediately without a hearing (ex parte order). (F.S. § 397.6815).
2. You and the person must appear in court at the scheduled hearing. An attorney will be appointed for the person if requested and appropriate. Testimony will be taken to determine if there is clear and convincing evidence to support that the legal criteria has been met. The judge can order residential or outpatient assessment or stabilization.
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 an 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 TREATMENT**  
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 meets the criteria for involuntary admission as provided in Florida Statutes Section 397.675 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.

**PETITION FOR INVOLUNTARY TREATMENT**

4. The respondent is (check the one box that applies):

Represented by an attorney:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Not represented by an attorney.

Unknown whether Respondent is represented by an attorney.

5. Respondent (check the one box that applies):

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 (Minors)

Guardian

Legal Guardian(of Minor)

Relative

Director of Licensed Service Provider

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

**Petitioners:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**PETITION FOR INVOLUNTARY TREATMENT**

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.

\_\_\_\_\_  
Deputy Clerk

**NOTE:** All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397. 501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.

**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.**

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Petitioner Name (Print and Sign)

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Date