

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA

IN RE: _____ CASE NO: _____
RESPONDENT DIVISION: _____

PETITION AND AFFIDAVIT FOR INVOLUNTARY ASSESSMENT AND STABILIZATION

I, _____, being duly sworn, am filing this sworn statement
PRINT NAME OF PETITIONER

requesting a court order for the involuntary assessment of _____ (hereinafter
PRINT NAME OF RESPONDENT
referred to as Respondent).

Is the Respondent eighteen (18) years of age or older? [] YES [] NO Age of Respondent (if known): _____

The petition and affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form, the Respondent 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 Respondent lives at, or may be found at:

Street Address City State Zip

Street Address City State Zip

Street Address City State Zip

2. I have the following relationship with the Respondent:

3. I am on good terms with the Respondent at the present time (check one box) [] YES [] NO
If "no", please explain:

4. I or a family member [] HAVE [] HAVE NOT previously made allegations to law enforcement involving this Respondent on _____ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. If allegations have been made, describe:

5. This Respondent [] 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. If allegations have been made, describe:

6. This Respondent [] HAS [] HAS NOT previously (or currently) been involved in criminal or delinquency charges.

7. 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 Respondent.

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

_____ in _____
(Type of Case) (When)

Explain: _____

8. I have known the Respondent for _____ (how long)

[] a. The Respondent has only recently displayed behavior related to substance abuse.

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

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

9. [] I believe that the Respondent is substance abuse impaired (defined in s.397.311(19), F.S., as a condition involving the use of alcoholic beverages or any psychoactive or mood altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior) or has a co-occurring mental health disorder. If checked, explain why (i.e., observation, related knowledge, etc.) AND

10. [] I believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If checked, explain why (i.e., observation, related knowledge, etc.). AND

11. I believe the Respondent is in need of substance abuse services by reason of substance abuse impairment and he or she is incapable of appreciating his or her need for services and making a rational decision in that regard (a mere refusal to receive services is not enough to constitute lack of judgment). If checked, explain why (i.e., observation, related knowledge, etc.).

12. I believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If checked, explain why (i.e., observation, related knowledge, etc.).

13. I do not believe that such harm may be avoided through the help of willing family members or friends or the provision of other services. If checked, explain why (i.e., observation, related knowledge, etc.).

14. I believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If checked, explain why (i.e., observation, related knowledge, etc.).

15. a. I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

b. I did not try to get the Respondent to agree to voluntary assessment or treatment because:

c. The Respondent refused a voluntary assessment or treatment because:

PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Respondent if possible. Picture attached: YES NO

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

1. Does Respondent have access to any weapons? YES NO UNKNOWN

If yes, please describe:

2. Is the Respondent violent now? YES NO UNKNOWN

If yes, please describe:

3. Has the Respondent been violent toward anyone, including law enforcement, in the recent past?

YES NO UNKNOWN

If yes, please describe:

WHERE IS THE SUBJECT EMPLOYED? (*If applicable*)

(Name of Company)

(Address, if known)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?

YES NO If yes, Guardian's Name _____

(Guardian's Full Mailing Address and Phone Number)

DOES THE SUBJECT HAVE ANY CRIMINAL CHARGES PENDING?

NO YES IF YES – ARE THEY MISDEMEANOR FELONY NOT SURE

IS THE SUBJECT CURRENTLY INCARCERATED?.....[YES [NO

IS THE SUBJECT CURRENTLY ON PROBATION?.....[YES [NO

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE?.....[YES [NO

IS THERE ANY PENDING BAKER ACT CASE?.....[YES [NO

IS THERE ANY PENDING DEPENDENCY CASE?.....[YES [NO

IS THIS PERSON A VETERAN?.....[YES [NO

DOES THE SUBJECT REQUIRE AN INTERPRETER? IF SO, WHAT LANGUAGE?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

I have contacted _____ at _____,
(Person with whom you spoke) (Name of Facility)

Who stated that the above named receiving facility is willing to evaluate the alleged substance abuser described above.

The facility will have space available for this person on _____ at _____ AM PM

Do not sign until you are in the presence of a notary or Deputy Clerk

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: _____

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

Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller

By: _____
Deputy Clerk

OR

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ personally known to me (or who has produced _____ as identification) and who appeared to me by physical presence by means of audio-video communication technology and who did did not take an oath.

NOTARY PUBLIC – STATE OF FLORIDA
Name: _____
Commission No.: _____
My Commission Expires: _____

A copy of this petition must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.

Authority: s. 397.321(20). Florida Statutes
March 2018