

Instructions for Requesting Involuntary Services

(The following is for informational purposes only and does not constitute legal advice)

The Hal S. Marchman Act, Florida Statute 397.01 et seq. (1993), has been passed by the Florida Legislature to address issues of substance and alcohol abuse. The Marchman Act supports substance abuse prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse. The Respondent has certain rights and these rights will be upheld.

1. The Petitioner must complete all parts of the PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES and file it with the Brevard County Clerk of Court. Please provide detailed factual allegations based on first-hand knowledge (your own observations of the Respondent's behavior and statements). If your handwriting is not legible, the Petition will be denied. You must swear that all the information provided is true and correct. Thus **do not sign the Petition until you are in the presence of a notary or Deputy Clerk.**
 - a. Petition filed with an Assessment: The Petition may be filed with a substance abuse assessment, a report, or certificate by a qualified professional that was conducted within 30 days before filing. A hearing will be scheduled within 10 court working days of the filing of the Petition. The assessment should be filed with the Petition or the Petitioner must make sure the assessment is filed with the court by the facility.
 - b. Petition filed without an Assessment: If no assessment was done by a qualified professional prior to filing the Petition, a hearing will be scheduled within 10 court working days of the filing of the Petition. The Petitioner may request an Order for assessment and stabilization at the hearing or, if an emergency exists, the Petitioner may request in the Petition that an emergency order for assessment and stabilization be executed without a hearing.
2. The Petitioner is responsible for finding an approved licensed service provider to conduct a clinical assessment that complies with Florida Statute section 397.6957 or to provide appropriate treatment. The Petitioner must confirm with the facility the date and time that it is willing to receive the

Respondent for assessment or treatment and must arrange for payment. **Assessment and Treatment must be paid for by the Respondent or the Respondent's family.** Each program has their own structured fees. The Florida Legislature has not provided any funds to the Court to assist Respondents or their families with payment for assessment or treatment.

TO FIND A FACILITY: A treatment locator is available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website at <https://findtreatment.gov>. The petitioner must contact the facility and confirm it is a Marchman receiving facility.

3. There is no fee to file the Petition.
4. The Petitioner has the responsibility of attending all court hearings related to the Petition unless excused by the Judge. At the hearing, the Petitioner has the burden of proof and must present evidence, including documents, witnesses, and expert witnesses. The petitioner must attempt to obtain the Assessment and, if obtained, provide it to the Court before the hearing. If the Assessor's testimony is needed at the hearing, the Petitioner must contact the facility to ensure that the Assessor will attend the hearing. **The Petitioner is not entitled to a court-appointed attorney.**

Petitioner's Signature

Date

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA

DIVISION: MENTAL HEALTH

Case Number: 05 - - MH - - XXMH: BC

IN RE:

CLOCK IN

MARCHMAN ACT - MEMORANDUM TO LAW ENFORCEMENT

MENTAL HEALTH NO.: _____
DOB: _____ AGE: _____ SS#: _____
PHONE NUMBER(S): _____
SECONDARY ADDRESS: _____

RACE: _____ SEX: Male Female
HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____
COMPLEXION: _____
MARKS/FEATURES: _____

DRIVES? Yes No
MAKE OF AUTOMOBILE: _____
LICENSE NO.: _____

REMARKS: VIOLENT? Yes No
ANY WEAPONS? Yes No
WHAT TYPE? _____

PETITIONER'S NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER(S): _____
RELATIONSHIP TO PATIENT: _____
ALTERNATE MAILING ADDRESS: _____

Transport to one of the nearest facilities listed below:

Circles of Care, 400 E. Sheridan Rd., Melbourne, FL (321)722-5200 (Minors)

Circles of Care, 880 Airport Rd./Martin Luther King, Jr. Blvd., Melbourne FL (321)914-0644 (Adults)

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

IN RE:

CASE NO: _____

(Respondent)

PETITION FOR INVOLUNTARY TREATMENT
By authority of Chapter 397, Florida Statutes

I _____, being duly sworn, hereby state that I 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 or a Minor
2. Petitioner's relationship to the Respondent is:
 - Spouse Parent (MINOR)
 - Guardian Legal Guardian (of minor)
 - Relative Director of Licensed Service Provider
 - An adult who has direct personal knowledge of the Respondent's substance abuse impairment and his/her prior course of assessment and treatment.
3. Petitioner alleges in good faith that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:
 - (a) Describe the reasons why the Petitioner believes that the Respondent is substance abuse impaired:

- (b) Describe the reasons why because of their impairment the Respondent has lost the power of self-control with respect to substance abuse.

5. Are you requesting an ex parte assessment and stabilization order be entered due to an emergency?
 Yes
 No

If yes, please describe in detail the Respondent's emergency circumstances. Include the reasons why the court should enter an order requiring the Respondent be taken into custody and delivered to the nearest appropriate licensed provider for an evaluation.

Does an attorney presently represent the Respondent? (Circle one) YES / NO

If YES, please provide the full name, address, and telephone number of the attorney.

If NO, an attorney will be appointed to represent the Respondent.

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK

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: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

I HEREBY SWEAR/AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Petitioner

Printed Name

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or Affirmed) and Subscribed Before Me this _____ day of _____, 20__.

by _____, Who Is Personally Known to Me or Produced
Identification or Is Physical Presence or Online Notarization

Type of Identification Produced: _____

Signature of Notary Public

Printed Name of Notary Public

Administering Oath Pursuant to §117.03, Florida Statute

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**PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:
(NOT REQUIRED AS PART OF PETITION)**

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 RESPONDENT EMPLOYED? (*If applicable*)

(Name of Company and Address)

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 RESPONDENT HAVE ANY CRIMINAL CHARGES PENDING? YES NO
UNSURE

IS THE SUBJECT CURRENTLY INCARCERATED..... YES NO
UNSURE

IS THE SUBJECT CURRENTLY ON PROBATION? YES NO
UNSURE

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE? YES NO
UNSURE

IS THERE ANY PENDING BAKER ACT CASE? YES NO
UNSURE

IS THERE ANY PENDING DEPENDENCY CASE? YES NO UNSURE

IS THIS PERSON A VETERAN..... YES
NO UNSURE

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

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