CASE NUMBER: 05-20____-MH-_____-XXXX-XX

INVOLUNTARY ASSESSMENT AND STABILIZATION

The purpose of this process is to stabilize a substance abuser's condition and to assess the need for further treatment. It is ***NOT*** to be used for long-term treatment.

WHO MAY PETITION THE COURT

Person requiring assessment is an ADULT:

1. Spouse or Legal Guardian, or
2. Any relative, or
3. Private Practitioner, or
4. Director of a licensed service provider or the Director's designee, or
5. An adult who has direct personal knowledge of the person's substance abuse impairment.

Person requiring assessment is a MINOR:

1. Parent, legal guardian or legal custodian, or
2. Licensed service provider.

REQUIREMENTS FOR FILING

The Petition must state facts to support the need for involuntary assessment and stabilization, including:

1. The reason for the Petitioner's belief that the Respondent is substance abuse impaired;
2. The reason for the Petitioner's belief that because of such impairment the Respondent has lost the power of self-control with respect to substance abuse;

AND

3. a. The reason the Petitioner believes that the Respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted:

OR

b. The reason the Petitioner believes that 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 or her need for care and of making a rational decision regarding that need for care. If the Respondent has refused to submit to an assessment, such refusal must be alleged in the petition.

FEES

There is no filing fee for a Petition for Assessment and Stabilization. However, if the person requiring assessment is transported by an ambulance service, the Petitioner and/or the Respondent (Patient) may receive a bill from the ambulance service. The Petitioner and/or Respondent (Patient) will be responsible for this cost if the Respondent's (or if filing on behalf of a minor, Petitioner's) health insurance does not cover this expense.

PROCEDURE

1. The clerk will assist the Petitioner in the preparation of the required pleadings. The Clerk cannot provide legal advice or instruct the Petitioner as to what should be included in the Petitioner's statement.
2. Once the required pleadings are complete, the Clerk will submit to the Judge for review.
3. If the Petition is granted, certified copies will be delivered to the Sheriff for service. The Sheriff will coordinate with the ambulance service.
4. The receiving facility may hold the person for up to **5** days. If long term treatment is required, the receiving facility may Petition for Involuntary Treatment or with the proper documentation the Petitioner may Petition the court for the same Involuntary Treatment.

I, the undersigned Petitioner, acknowledge that I have read and received a copy of the above.

_____ _____

Petitioner's Signature Date

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

DIVISION: MENTAL HEALTH

Case Number: 05 - - MH - - XXXX-XX

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, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA

CASE NUMBER: 05 - -MH- -XXXX-XX

IN RE:

_____

RESPONDENT

PETITION AND AFFIDAVIT FOR INVOLUNTARY ASSESSMENT AND STABILIZATION

I, _____, being duly sworn, am filing this sworn statement requesting a court order for the involuntary assessment of _____ (hereinafter referred to as 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):

   _____
   Street Address City State Zip
   Phone (including area code): _____

   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. 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. If allegations have been made, describe:

_____

_____

_____

_____

5. 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. If allegations have been made, describe:

_____

_____

_____

_____

6. This Person ☐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 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:

_____

_____

_____

8. 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: _____

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

☐ 9. I believe that the Person is substance abuse impaired (defined in s. 397.311(18), 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.).

_____

_____

_____

_____

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

_____

_____

_____

_____

☐ 11. I believe the person 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 of making a rational decision in that regard (a mere refusal to receive services is not enough to constitute lack of judgment). (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 well-being. (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. (i.e., observation, related knowledge, etc.).

_____
_____
_____
_____

☐ 14. I believe there is substantial likelihood that the Person 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 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:

_____
_____

_____

_____

PLEASE PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE PERSON (IF KNOWN):

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: _____

16. Does Person have access to any weapons: ☐Yes ☐No ☐Unknown
    If yes, please describe:

    _____

    _____

    _____

    _____

17. Is the Person violent now? ☐Yes ☐No ☐Unknown
    If yes, please describe:

    _____

    _____

    _____

    _____

18. Has the Person been violent toward anyone, including law enforcement, in the recent past? ☐Yes ☐No ☐Unknown
    If yes, please describe:

    _____

    _____

    _____

    _____

19. Does the Person have any pending criminal charges against him/her? ☐Yes ☐No ☐ Unknown

If yes, please describe:

_____

_____

_____

_____

20. Does the Person have an attorney? ☐ Yes ☐ No ☐ Unknown
If yes, please provide name of the attorney: _____

21. The Person ☐ can ☐ cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the Person.

22. Does the person have a legal guardian? ☐ Yes ☐ No ☐ Unknown

23. Is there a pending petition to determine the Person's capacity and to appoint a guardian?
☐ Yes ☐ No ☐ Unknown

If yes to either question 21 or 22 above, provide the name, address and phone number of the current or proposed guardian:

Name: _____ Phone: _____

_____

Street Address City State Zip

Physician's Name: _____ Phone: _____

If yes, please describe:

_____

_____

_____

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
_____ day of _____, _____
by _____ who is personally known
_____ as identification.

_____
Notary Public – State of Florida

My Commission expires: Date_____

OR

SWORN TO AND SUBSCRIBED before me this
this_____ day of _____, _____
Clerk of Circuit Court to me or presented
_____ County, Florida

By: _____
Deputy Clerk