

**FOR ASSISTANCE WITH
FILLING OUT THIS PACKET,
BED AVAILABILITY, AND
PAYMENT INFORMATION
PLEASE CONTACT ANY OF
THE FOLLOWING:**

Meridian: 352-374-5600 ext. 8249

Shands at Vista: 352-465-5491

Gainesville VA Medical Center 352-376-
1611

Lake City VA Medical Center 1-800-308-
8387, ext. 2465

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

IN RE: _____ CASE NO.: _____
RESPONDENT

Petition and Affidavit for Involuntary Assessment and Stabilization

I, _____, being duly sworn, am filing this sworn statement requesting a court order
Print Name of Petitioner
for the involuntary assessment of _____ (hereinafter referred to as Person).
Print Name of 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): Phone (including area code): _____

Street Address City State Zip

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:

Petition and Affidavit for Involuntary Assessment and Stabilization

(Page 2)

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 THIS 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.).

Petition and Affidavit for Involuntary Assessment and Stabilization

(Page 3)

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). 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 well-being. 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 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:

Petition and Affidavit for Involuntary Assessment and Stabilization

(Page 4)

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: _____

Address

City

State

Zip

Petition and Affidavit for Involuntary Assessment and Stabilization

(Page 5)

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: _____

Petitioner's signature can be verified by a Notary Public or by the Clerk of the Court

SWORN TO AND SUBSCRIBED before me this
_____ day of _____, 20____ by

who is personally known to me or presented

as identification.

Notary Public – State of Florida

My Commission expires: Date: _____

SWORN TO AND SUBSCRIBED before me this
_____ day of _____, 20____

Clerk of Circuit Court _____ County,
Florida.

By: _____
Deputy Clerk

LEVY COUNTY SHERIFF'S OFFICE INFORMATION SHEET

The following information is REQUIRED to help the Sheriff's Office in serving the Respondent as soon as possible. It also alerts the deputy to any potential danger that might be encountered while attempting to serve the paperwork.

THIS INFORMATION WILL NOT BE PROVIDED TO THE RESPONDENT

IS AN INTERPRETER NEEDED? (circle one) YES NO

RESPONDENT NAME: _____

ADDRESS: _____

PHONE: _____ SS#: _____

DATE OF BIRTH: _____ SEX: _____ RACE: _____

HAIR COLOR: _____ EYES: _____ HGT: _____ WEIGHT: _____

EMPLOYER: _____ EMPLOYER PHONE: _____

EMPLOYER ADDRESS: _____ HOURS: _____

VEHICLE MAKE/MODEL: _____ YEAR: _____ COLOR: _____

DOES RESPONDENT OWN OR CARRY ANY WEAPONS: _____ KIND: _____

IF RESPONDENT IS NOT AT HOME OR WORK, WHAT ARE OTHER PLACES THEY CAN BE LOCATED? _____

IS RESPONDENT IN JAIL? YES / NO IF YES, WHICH JAIL?: _____

.....

INFORMATION FOR THE SHERIFF'S OFFICE TO CONTACT YOU IF NECESSARY

NAME: _____ PHONE: _____

ADDRESS: _____

SEX: _____ RACE: _____ DATE OF BIRTH: _____ SS#: _____

SOMEONE ELSE TO CONTACT: _____

PHONE: _____ RELATIONSHIP TO YOU: _____

IS YOUR ADDRESS CONFIDENTIAL? _____ YES OR _____ NO