

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,  
IN AND FOR MARTIN COUNTY, FLORIDA

IN RE: \_\_\_\_\_ CASE NO: \_\_\_\_\_  
\_\_\_\_\_ / \_\_\_\_\_

**Petition and Affidavit Seeking Involuntary Substance Abuse 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 \_\_\_\_\_  
(Print Name of Person)

(hereinafter referred to as PERSON).

The PERSON is 18 years of age or older? \_\_\_\_ Yes or \_\_\_\_ No Age of PERSON: \_\_\_\_\_

This 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. I live at: (Print Your Full Residence Address and Phone Number) Phone: (\_\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_  
ST \_\_\_\_\_ ZIP \_\_\_\_\_

b. The PERSON lives at, or may be found at, the following address(es):

Street Address: \_\_\_\_\_ City \_\_\_\_\_  
ST \_\_\_\_\_ ZIP \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_  
ST \_\_\_\_\_ ZIP \_\_\_\_\_

2. I have the following relationship with this PERSON: \_\_\_\_\_

3. I am on good terms with this PERSON at the present time. (Check one) \_\_ Yes \_\_ No If "no" please explain:

\_\_\_\_\_  
\_\_\_\_\_

4. (Check the one that applies)

\_\_ a. I or a family member \_\_ have or \_\_ 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, etc. as described: \_\_\_\_\_  
\_\_\_\_\_

\_\_ b. This PERSON \_\_ has or \_\_ 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, etc. as described: \_\_\_\_\_  
\_\_\_\_\_

\_\_ c. This PERSON \_\_ has or \_\_ has not previously or currently criminal/delinquency charges.

**Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization (Page 2)**

5. (Check the one that applies)

a. I or a family member are not now or 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: \_\_\_\_\_

\_\_\_\_\_

6. 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 on time, had a substance abuse problem. Specify how long: \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:**

7. I believe that the PERSON is substance abuse impaired (defined in the law as 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. I believe that the PERSON has lost the power of self-control with respect to substance use because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I have seen the following behavior, which causes me to believe that the PERSON has inflicted, or threatened or attempted to inflict, or unless admitted for assessment is likely to inflict, physical harm in himself or herself or someone else on \_\_\_\_\_ at approximately \_\_\_\_\_ am/pm, I saw the PERSON:

(Date) (Time)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Other similar behavior I have personally seen is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. I believe the PERSON is in need of substance abuse services because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about services because (a mere refusal to receive services is not enough to constitute lack of judgment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12.  To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation developmental disability, or conditions resulting from antisocial behavior.

**Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization (Page 3)**

**CHECK AND/OR ANSWER APPLICABLE SECTIONS**

13. \_\_\_ a. I have attempted to get the PERSON to agree 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: \_\_\_\_\_  
\_\_\_\_\_

14. \_\_\_ **I have made arrangements for the PERSON to be admitted to \_\_\_\_\_  
Facility located at \_\_\_\_\_ for voluntary  
assessment and stabilization.**

15. **The name of the PERSON's attorney is (if any):** \_\_\_\_\_

16. **PERSON** \_\_\_ can \_\_\_ cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the PERSON.

**Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:**

County of Residence: \_\_\_\_\_ Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Does the PERSON have access to any weapons: \_\_\_ No \_\_\_ Yes If yes, describe: \_\_\_\_\_

Is the PERSON violent now? \_\_\_ No \_\_\_ Yes Has the PERSON been violent in the recent past? \_\_\_ No \_\_\_ Yes

If yes, describe: \_\_\_\_\_

Does the PERSON have any pending criminal charges against him/her? \_\_\_ No \_\_\_ Yes If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

1) Does the PERSON have a legal guardian? \_\_\_ No \_\_\_ Yes

2) Is there a pending petition to determine the PERSON's capacity and to appoint a guardian? \_\_\_ No \_\_\_ Yes

If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**Physician's name:** \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Provide name of medications, if known: \_\_\_\_\_

**Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization (Page 4)**

**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 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 Affiant/Petitioner: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is  personally known to me or  who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public – State of Florida  
My Commission expires: Date \_\_\_\_\_

**OR** Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is  personally known to me or  who has produced \_\_\_\_\_ as identification.

Carolyn Timmann, Clerk of Circuit Court  
Martin County, Florida

By: \_\_\_\_\_  
Deputy Clerk

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.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT,  
IN AND FOR MARTIN COUNTY, FLORIDA

RE: \_\_\_\_\_

CASE NO: \_\_\_\_\_

A F F I D A V I T

Request for patient to be taken to another facility other than New Horizons of The Treasure Coast in Fort Pierce, Florida.

I, \_\_\_\_\_ (petitioner) do hereby request that \_\_\_\_\_

\_\_\_\_\_ (patient) be taken to \_\_\_\_\_

located at \_\_\_\_\_

instead of New Horizons of the Treasure Coast located in Fort Pierce, Florida. I understand that the State of Florida will not be liable for costs and/or fees incurred by the patient that are billed by the facility that I have chosen.

I have selected this facility over New Horizons for the following reasons: \_\_\_\_\_

\_\_\_\_\_

patient has insurance, or: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is  personally known to me or  who has produced \_\_\_\_\_ as identification.

CAROLYN TIMMANN  
CLERK OF CIRCUIT COURT

By: \_\_\_\_\_  
Deputy Clerk

IN THE CIRCUIT COURT FOR THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR MARTIN COUNTY, FLORIDA

CASE NO: \_\_\_\_\_

IN RE: \_\_\_\_\_,

So far as is known said named patient has refused treatment by a physician of my choice or of the  
Courts choice.

SIGNATURE OF PETITIONER(S):

RELATIONSHIP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization,  
this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is  personally known to me or  
 who has produced \_\_\_\_\_ as identification.

CAROLYN TIMMANN  
CLERK OF CIRCUIT COURT

By: \_\_\_\_\_  
Deputy Clerk

# WORKSHEET

## QUESTIONS ABOUT PATIENT:

Name of Patient: \_\_\_\_\_

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

Phone Number:(H)\_\_\_\_\_ (W)\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, Tattoos: \_\_\_\_\_

## PETITIONER:

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

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

Phone Number:(H)\_\_\_\_\_ (W)\_\_\_\_\_

Place of Employment: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

If friend, how long have you known the patient? \_\_\_\_\_Yrs \_\_\_\_\_Mths

Is there any outstanding charges against the patient? \_\_\_\_\_Yes \_\_\_\_\_No

Date of Arrest: \_\_\_\_\_ Charge(s): \_\_\_\_\_

Is this the first Substance Abuse Act for the Patient? \_\_\_\_\_Yes \_\_\_\_\_No

If not, date and place of action: \_\_\_\_\_

Is there any Probate or Domestic action taking place against the Patient? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, Court date: \_\_\_\_\_ Judge: \_\_\_\_\_

Do you have guardianship over the patient? \_\_\_\_\_Yes \_\_\_\_\_No

Is the patient currently taking any type of medication? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, list names of medication: \_\_\_\_\_

Has the patient seen a psychologist or physician? \_\_\_\_\_Yes \_\_\_\_\_No

Date last seen: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_