

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA  DIVISION: PROBATE  IN RE: _____ Respondent.  <div style="text-align: right; margin-right: 100px;">Case no.: _____</div> <div style="text-align: right; margin-right: 100px;">Section: _____</div>	SA-1
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**PETITION FOR INVOLUNTARY TREATMENT SERVICES**

(§ 397.68141 Fla. Stat.)

Petitioner, \_\_\_\_\_,  
 files this sworn statement requesting a court order for the involuntary treatment services of  
 \_\_\_\_\_,  
 the Respondent. Petitioner swears that the information provided below is given honestly, in good faith, and  
 to the best of his or her knowledge.

1. Petitioner is related to the Respondent as:

- |  |  |
|--|--|
| <input type="checkbox"/> Spouse  | <input type="checkbox"/> Parent (of a minor)                     |
| <input type="checkbox"/> Legal Guardian  | <input type="checkbox"/> Legal Guardian (of a minor)             |
| <input type="checkbox"/> Relative  | <input type="checkbox"/> Licensed Service Provider (for a minor) |
| <input type="checkbox"/> Director of a Licensed Service Provider or the Director’s Designee                        |  |
| <input type="checkbox"/> An adult who has direct personal knowledge of the Respondent’s substance abuse impairment |  |

2. Petitioner states they have personally observed the behavior of the above-named Respondent, and have  
 a good faith reason to believe that the Respondent is substance abuse impaired or has a substance abuse  
 disorder and co-occurring mental health disorder and, because of such impairment or disorder, the  
 Respondent has lost the power of self-control with respect to substance abuse; and either:

- is in need of substance abuse services and, by reason of substance abuse impairment, 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 in that regard; [*or*]
- without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself;  
 that such neglect or refusal poses a real and present threat of substantial harm to his or her well-  
 being; and that it is not apparent that such harm may be avoided through the help of willing,  
 able, and responsible family members or friends or the provision of other services, or there is a  
 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;

a. Petitioner believes Respondent is substance abuse impaired because: \_\_\_\_\_  
 \_\_\_\_\_

b. Petitioner believes that because of such impairment, the Respondent has lost the power of self-  
 control with respect to substance abuse as evidenced by: \_\_\_\_\_  
 \_\_\_\_\_

c. Petitioner believes the Respondent has inflicted or is likely to inflict physical harm on  
 themselves or others unless the court orders involuntary services because: \_\_\_\_\_

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d. 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 their need for care and of making a rational decision regarding that need for care because: \_\_\_\_\_

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3. Petitioner states that the Respondent: [*check all that apply*]

- Has been assessed by a qualified professional within the last 30 days; The assessment was performed on \_\_\_\_\_ [date].  
A copy of the assessment certificate or report is attached or has been filed.
- Has been placed under protective custody pursuant to §397.677 Fla. Stat. within the previous 10 days.
- Has been subject to an emergency admission under §397.679 Fla. Stat. within the previous 10 days.
- Has NOT been assessed prior to the filing of this Petition.
- Has refused to submit themselves to an assessment.

4. **Emergency Ex-Parte Order Request** [*Optional*]

Further, the Petitioner believes this to be an emergency situation and requests that the court review the petition immediately and grant an order for involuntary assessment and stabilization without further notice or hearing. The emergency circumstances are as follows:

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5. The Petitioner  knows  does not know the Respondent's current location.

To the best of the petitioner's knowledge, Respondent lives at, or may usually be found at:

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Street Address	City	State	Zip
Street Address	City	State	Zip

6. The Respondent is:

- Represented by an attorney:  
Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- Not known to be represented by an attorney.

7. To the best of Petitioner's knowledge:

- the Respondent has sufficient assets to afford an attorney.
- the Respondent does not have sufficient assets to afford an attorney.
- it is unknown if the Respondent can afford an attorney.

WHEREFORE, the Petitioner requests an order for the involuntary services and treatment of the Respondent.



**INFORMATION SHEET**

**Please provide the following identifying information if you believe the Respondent should be taken into custody immediately:**

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Spoken language(s):  English  Spanish  Creole  other: \_\_\_\_\_

**PLEASE ATTACH A CURRENT PHOTOGRAPH OF THE SUBJECT**

Scars, Tattoos, or any other identifying marks: \_\_\_\_\_

Alias, Friends, Habits, Hangouts, or other leads: \_\_\_\_\_

Marital Status:  Single  Married  Divorced

Vehicle Info: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag \_\_\_\_\_

Arrest History:  Yes  No  Pending Charges? \_\_\_\_\_

Is the Respondent currently exhibiting violent behavior?  Yes  No  Unknown

If yes, please describe:

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

Yes  No  Unknown

If yes, please describe:

Does the Respondent have access to any weapons?  Yes  No  Unknown

If yes, please describe:

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_