



Cindy Stuart

CLERK OF COURT & COMPTROLLER
HILLSBOROUGH COUNTY

The attached Petition for Involuntary Treatment Services (Petition) is provided as a courtesy by the Office of the Hillsborough County Clerk of Court and Comptroller.

The Petition is not intended to serve as legal advice and does not substitute for competent legal counsel or direct legal research.

Please refer to the appropriate Florida Statutes, Florida Rules of Judicial Administration, Administrative Orders and Local Rules and Practices for specific information.

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**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE, GUARDIANSHIP, MENTAL HEALTH AND TRUST DIVISION**

IN RE: _____
Respondent's name (First, Middle, Last)

Age _____
DIVISION: Z

PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES

I/We, _____,
Petitioner #1 name (First, Middle, Last) Relationship to Respondent

I/We, _____,
Petitioner #2 name (First, Middle, Last) Relationship to Respondent

I/We, _____,
Petitioner #3 name (First, Middle, Last) Relationship to Respondent

the Petitioner(s), being duly sworn, am/are filing this sworn statement requesting a court order for the involuntary treatment of _____, the Respondent. I/We SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my/our knowledge.

Respondent's Last Known Contact Information (lives or may be found at):

Street Address City State Zip

Street Address City State Zip

1. I/We or a family member HAVE HAVE NOT previously made allegations to law enforcement involving the Respondent on _____ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. If allegations have been made, describe:

2. The Respondent HAS HAS NOT previously made allegations to law enforcement about me/us or my/our family on _____ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. If allegations have been made, describe:

3. The Respondent HAS HAS NOT previously (or currently) been involved in criminal or delinquency charges. If yes, describe:

4. Does Respondent need an Interpreter? YES NO If so, what language? _____

5. Does Petitioner(s) need an Interpreter? YES NO If so, what language? _____

6. Does Respondent have access to any weapons: YES NO UNKNOWN

7. If yes, please describe: _____

8. Is the Respondent violent now? YES NO UNKNOWN

9. If yes, please describe: _____

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

YES NO UNKNOWN If yes, please describe:

I/We have a good faith reason to believe that the Respondent is substance abuse impaired as defined under Florida Statutes Section 397 based on the following specific behavior, conduct, or statements that I/We have direct personal knowledge of:

11. The Respondent is substance abuse impaired, as evidenced by:

12. Because of such impairment or disorder the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by:

13. The Respondent has inflicted or is likely to inflict physical harm on himself or others unless the court orders the involuntary services, as evidenced by:

14. 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/her need for care and making a rational decision regarding his/her need for care, as evidenced by:

Petitioner(s) further alleges (Petitioner(s) **must** check one of the following):

The Respondent has been examined by a qualified professional within the past 30 days. The certificate or report of by this qualified professional, including findings related to the assessment, will be filed with this Petition.

OR

The Respondent was NOT assessed by a qualified professional before the filing of this petition or refused to submit to an evaluation.

OR

The Respondent has been placed under protective custody by law enforcement because of substance abuse impairment or substance use disorder pursuant to section 397.677 within the previous 10 days. This is not custody for involuntary examination under the Baker Act.

OR

The Respondent has been subject to an emergency admission to a hospital or licensed detoxification facility or addictions receiving facility for assessment pursuant to section 397.679 within the previous 10 days. This is not an emergency admission under the Baker Act.

OR

An emergency condition exists related to the health and well-being of the Respondent and due to that emergency condition, I am requesting the Court to enter an ex parte order for the Respondent's involuntary assessment and stabilization which must be executed during the period when the hearing on the petition for treatment is pending.

**THE FOLLOWING SECTION SHOULD ONLY BE COMPLETED IF THERE IS AN EMERGENCY
AND YOU ARE SEEKING AN ORDER FOR ASSESSMENT AND STABILIZATION
WITHOUT A HEARING.**

Emergency circumstances exist and I/We am/are requesting an Ex Parte Order for the Respondent's involuntary **assessment and stabilization** be entered without a hearing. My request is based upon the following specific behavior, conduct, or statements that **I have direct personal knowledge of:**

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.

PETITIONER(S) INFORMATION

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

#1 Petitioner PRINT full name

#2 Petitioner PRINT full name

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

City State ZIP Code

City State ZIP Code

(_____) _____
Petitioner's telephone number

(_____) _____
Petitioner's telephone number

Signature of Petitioner

Signature of Petitioner

#3 Petitioner PRINT full name

#4 Petitioner PRINT full name

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

City State ZIP Code

City State ZIP Code

(_____) _____
Petitioner's telephone number

(_____) _____
Petitioner's telephone number

Signature of Petitioner

Signature of Petitioner

SWORN AND SUBSCRIBED before me
this _____ day of _____, _____

By: _____
As Deputy Clerk

RESPONDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____
(First, Middle, Last)

RACE _____ HISPANIC (Y/N) _____ SEX _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____ PHONE# _____

IS THE RESPONDENT CURRENTLY LOCATED IN HILLSBOROUGH COUNTY? _____

CURRENT LOCATION

1. _____
(Street) (Apt #, Trlr #, Lot #, etc) (City& State) (Zip Code)

ADDITIONAL ADDRESSES:

2. _____
(Street) (Apt #, Trlr #, Lot #, etc) (City& State) (Zip Code)

3. _____
(Street) (Apt #, Trlr #, Lot #, etc) (City& State) (Zip Code)

IF THE RESPONDENT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?
 Yes No

HAS THE RESPONDENT EVER BEEN **CONVICTED** OF ANY TYPE OF SEXUAL OFFENSE?
 Yes No

IS THE RESPONDENT CURRENTLY INCARCERATED..... YES NO
IS THE RESPONDENT CURRENTLY ON PROBATION? YES NO
IS THERE A PENDING DOMESTIC VIOLENCE CASE? YES NO
IS THERE A PENDING BAKER ACT CASE? YES NO
IS THERE A PENDING DEPENDENCY CASE? YES NO

ABOVE INFORMATION PROVIDED BY:

Name of petitioner completing this form.