

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL
CIRCUIT IN AND FOR HILLSBOROUGH COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

Individual (Print FIRST, MIDDLE, LAST name)

**Petition and Affidavit Seeking Ex Parte Order to Take Into Custody for
Involuntary Mental Health Examination**

I, _____ being duly sworn, am filing this sworn statement requesting a court order for the
Petitioner(s) (Print FIRST, MIDDLE, LAST name)

involuntary examination of _____ (hereinafter referred to as
INDIVIDUAL). **Individual (Print FIRST, MIDDLE, LAST name)** Print Name of Individual

This petition and affidavit will be included in the INDIVIDUAL's clinical record and may be viewed by the INDIVIDUAL.

I understand that by filling out this form, the INDIVIDUAL may be taken by law enforcement to a mental health facility for an examination.

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. I work as a: (Occupation) _____ Work Phone: (_____) _____
Work Street Address: _____ City _____ ST _____ Zip _____
- c. The INDIVIDUAL lives at, or may be found at, the following address(es):
Address One: Street _____ City, ST & Zip _____
Address Two: Street _____ City, ST & Zip _____
Address Three: Street _____ City, ST & Zip _____

2. I have the following relationship with the INDIVIDUAL:

(Answer both a & b)

- ☐ a. I or a family member ☐ have or ☐ have not previously made allegations to law enforcement involving this INDIVIDUAL on _____ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described:

- ☐ b. This INDIVIDUAL ☐ 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: _____

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3. (Check the one box that applies)
- ☐ a. I or a family member are not now, and have not in the past, been involved in a court case with the INDIVIDUAL.
- ☐ b. I or a family member am now, or was, involved in a court case with the INDIVIDUAL. This case is/was a _____ in _____
- Type of Case When
- Explain: _____
- _____
4. I am on good terms with the INDIVIDUAL at the present time. (Check one box) ☐ Yes ☐ No If "no", please explain: _____
- _____
5. I have known the INDIVIDUAL for _____ (how long).
- ☐ a. The INDIVIDUAL has only recently displayed unusual kinds of behavior.
- ☐ b. The INDIVIDUAL has, over a period of time, always acted in a strange manner.
- ☐ c. The INDIVIDUAL's behavior has developed over a period of time.

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

6. I have seen the following behavior which causes me to believe that there is a good chance that the INDIVIDUAL will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ am pm,
- Date Time
- I saw the INDIVIDUAL: _____
- _____
- _____
7. Other similar behavior I have personally seen is as follows: _____
- _____
- _____
8. ☐ To my knowledge, ☐ I do ☐ I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

9. ☐ a. I have attempted to get the INDIVIDUAL to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination): _____
- _____
- ☐ b. I did not try to get the INDIVIDUAL to agree to a voluntary examination because: _____
- _____
- ☐ c. The INDIVIDUAL refused a voluntary examination because: _____

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10. The following steps were taken to get the INDIVIDUAL to go to a hospital for mental health care:

These steps did not work because: _____

11. I believe that the INDIVIDUAL is unable to determine for himself/herself why the examination is necessary because:

12. I believe that the INDIVIDUAL has a mental illness which will keep the INDIVIDUAL from being able to meet the ordinary demands of living because: _____

13. I believe that without care or treatment the INDIVIDUAL is likely to suffer from neglect or refuse to care for himself/ herself, because: _____

14. I believe that this lack of care or neglect will lead to the INDIVIDUAL hurting himself or herself because:

15. Can family or close friends now provide enough care to avoid harm to the INDIVIDUAL? ☐ Yes ☐ No, If not, why?

CONTINUED OVER

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

County of Residence:

Date of Birth:

Sex: ☐ Male ☐ Female

Race:

Attach a picture of the INDIVIDUAL if possible.

Picture attached: ☐ No ☐

Yes

Height:

Weight:

Hair Color:

Eye Color:

Does the INDIVIDUAL have access to any weapons? ☐ No ☐ Yes If yes, describe:

Is the INDIVIDUAL violent now? ☐ No ☐ Yes Has the individual been violent in the recent past? ☐ No ☐ Yes If Yes, Describe:

Does the INDIVIDUAL have any pending criminal charges against him/her? ☐ No ☐ Yes If yes, describe:

GUARDIANSHIP:

1) Does the INDIVIDUAL have a legal guardian? ☐ No ☐ Yes

2) Is there a pending petition to determine the INDIVIDUAL's capacity and for the appointment of 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: _____ Zip: _____

PHYSICIAN: N a m e :

Phone: (_____) _____

MEDICATIONS: Provide name of medications if known.

CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, if known.

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 AND SUBSCRIBED before me

OR

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, _____
Day Month Year

this _____ day of _____, _____
Day Month Year

by _____ who is personally known
to me or presented _____ as identification.

Clerk of Circuit Court
Hillsborough County, Florida

Notary Public - State of Florida

By: _____
Deputy Clerk

My Commission expires: Date _____

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany the individual to the receiving facility.