

IN RE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

### Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

I, \_\_\_\_\_ being duly sworn, am filing this sworn statement requesting a court order for the  
Print Name of Petitioner  
involuntary examination of \_\_\_\_\_ (hereinafter referred to as  
INDIVIDUAL). 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):  
Street Address: \_\_\_\_\_ City \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_

2. I have the following relationship with the INDIVIDUAL:

\_\_\_\_\_

\_\_\_\_\_

3. (Check the one box that applies)

- 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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4. (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: \_\_\_\_\_

\_\_\_\_\_

5. I am on good terms with the INDIVIDUAL at the present time. (Check one box)  Yes  No If "no", please explain:

\_\_\_\_\_

\_\_\_\_\_

6. 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:**

7. 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:

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

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

\_\_\_\_\_

\_\_\_\_\_

9.  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**

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

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These steps did not work because: \_\_\_\_\_

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

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13. 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: \_\_\_\_\_

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

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

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

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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: \_\_\_\_\_ Age: \_\_\_\_\_

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

**OR**

SWORN TO AND SUBSCRIBED before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

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 \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

Clerk of Circuit Court  
\_\_\_\_\_ County, Florida

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

**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.**