

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PASCO COUNTY, FLORIDA**

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 involuntary examination of _____ (hereinafter referred to as PERSON).
(PRINT NAME 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 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: _____, State: _____ Zip: _____

b. I work as a: (Occupation) _____ Work Phone: (_____) _____
Work Street Address: _____, City: _____, State: _____ Zip: _____

c. The PERSON 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 PERSON:

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 PERSON on _____ (Date mm/dd/yyyy) 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 mm/dd/yyyy) 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 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: _____

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

6. I have known the PERSON for _____ (how long).

- a. The PERSON has only recently displayed unusual kinds of behavior.
- b. The PERSON has, over a period of time, always acted in a strange manner.
- c. The PERSON'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 PERSON will cause serious bodily harm to himself/herself or others. On _____ at approximately _____
am pm, I saw the PERSON: *(Date (mm/dd/yyyy))*
(Time)

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

9. To my knowledge or belief, 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 PERSON 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):

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b. I did not try to get the PERSON to agree to a voluntary examination because: _____

c. The PERSON refused a voluntary examination because: _____

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

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

13. I believe that the PERSON suffers from a mental illness which will keep the PERSON from being able to meet the ordinary demands of living because: _____

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

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

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

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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 (mm/dd/yyyy): _____

Sex: Male Female Race: _____ Attach picture of PERSON if possible. Picture attached? Yes No

Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Does the PERSON have access to any weapons? Yes No If yes, describe: _____

Is the PERSON violent now? Yes No Has the patient been violent in the recent past? Yes No If yes, describe: _____

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

GUARDIANSHIP

- 1. Does the PERSON have a legal guardian? Yes No
 - 2. Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? Yes No
- 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 of case manager or case management agency, if known:

Name: _____ Phone: (____) _____

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
 this _____ day of _____, _____
 by _____ who is
 personally known to me or presented _____
 as identification.

 Notary Public – State of Florida
 My Commission expires: _____

OR

SWORN TO AND SUBSCRIBED BEFORE ME
 this _____ day of _____, _____

Paula S. O'Neil
 Clerk & Comptroller
 Pasco County, Florida

 Deputy Clerk