

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR VOLUSIA 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).

This petition and affidavit will be included in the PERSON'S clinical record and may be reviewed by the PERSON.

I understand that by filing 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 (Full Residence Address and Phone Number) Phone No. (\_\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

b. I work as a: \_\_\_\_\_

Work address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone No.(\_\_\_\_\_) \_\_\_\_\_

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 \_\_\_\_\_ such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described:

- b. This PERSON  has or  has not previously made allegations to law enforcement about me or my family on \_\_\_\_\_, such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, etc. as described:

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:

Explain:

5. I am on good terms with the PERSON at the present time. Yes No. If no, explain:

6. I have known the PERSON for \_\_\_\_\_

- 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 bodily harm to himself/herself or others. On \_\_\_\_\_ at approximately \_\_\_\_\_, I saw the PERSON:

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

9. To my knowledge or belief,  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 PERSON to agree to seek assistance for a mental or emotional problem(s). 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 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:

These steps did not work because:

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

**Provide the following identifying information about the person (if known) because it may be determined necessary to take the person into custody for examination.**

County of Residence: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Picture of respondent attached:  No  Yes

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

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

Is the PERSON violent now?  No  Yes

Has the PERSON been violent in the recent past?  No  Yes. If yes, describe: \_\_\_\_\_

**Guardianship:**

1) Does the PERSON have a legal guardian?  No  Yes

2) Is there a pending petition to determine the PERSON'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: \_\_\_\_\_ ST: \_\_\_\_\_ 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: \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_ .

LAURA E. ROTH  
CLERK OF THE CIRCUIT COURT

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

**A copy of this petition must be attached to an Ex Parte Order for Involuntary Examination and accompany the person to the nearest receiving facility.**