

Marchman Act  
Juvenile & Adult  
Package

# MARCHMAN ACT PACKAGE

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# General Information

**You should read this General Information thoroughly before taking any steps to file your case or represent yourself in Court. This is not intended as a substitute for legal advice from an attorney. Each case has its own particular set of circumstances, and an attorney may advise you of what is best for you in your individual situation.** If you have questions or concerns regarding these forms, commentary, instructions and appendices, the use of these forms, or your legal rights, it is strongly recommended that you talk to an attorney. If you do not know an attorney, you may call the Florida Bar Lawyer Referral Service at 1-800-342-8011.

All instructions and forms distributed by the Clerk are provided as a public service to persons seeking to represent themselves in Court without the assistance of an attorney. These documents are meant to serve as a guide only, and to assist *pro se* (self-represented) litigants with their cases. Any person using these instructions and/or forms does so at his/her own risk, and the Clerk shall not be responsible for any losses incurred by any person in reliance on the instructions and/or forms.

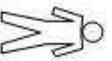
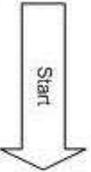
## **NOTICE OF LIMITATION OF SERVICE PROVIDED:**

THE PERSONNEL IN THE CLERK'S OFFICE ARE NOT ACTING AS YOUR LAWYER OR PROVIDING LEGAL ADVICE TO YOU. CLERK PERSONNEL ARE NOT ACTING ON BEHALF OF THE COURT OR ANY JUDGE. THE PRESIDING JUDGE IN YOUR CASE MAY REQUIRE AMENDMENT OF A FORM OR SUBSTITUTION OF A DIFFERENT FORM. THE JUDGE IS NOT REQUIRED TO GRANT THE RELIEF REQUESTED IN A FORM. THE PERSONNEL IN THE CLERK'S OFFICE CANNOT TELL YOU WHAT YOUR LEGAL RIGHTS OR REMEDIES ARE, REPRESENT YOU IN COURT, OR TELL YOU HOW TO TESTIFY IN COURT. IF ANOTHER PERSON INVOLVED IN YOUR CASE SEEKS ASSISTANCE FROM THE CLERK'S OFFICE THAT PERSON WILL BE GIVEN THE SAME TYPE OF ASSISTANCE THAT YOU RECEIVE.

IN ALL CASES, IT IS BEST TO CONSULT WITH YOUR OWN ATTORNEY. IF YOU DO NOT KNOW AN ATTORNEY, YOU MAY CALL THE FLORIDA BAR LAWYER REFERRAL SERVICE AT 1-800-342-8011.

**“If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the Eleventh Judicial Circuit Court’s ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 N.W. 1<sup>st</sup> Avenue, Suite 2702, Miami, FL 33128, Telephone (305) 349-7175; TDD (305) 349-7174. Fax (305) 349-7355 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time is less than 7 days; if you are hearing or voice impaired call 711.”**

## General Process for Petition for Involuntary Assessment (Juvenile)



Petitioner

Petitioner receives Marchman Act Package  
Reads Instructions. Completes Petition for Involuntary Assessment and Stabilization. When filing your petition, you must include a \$40.00 money order or cashiers check for the Sheriff's Office to serve Respondent.



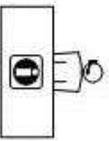
Clerk

Clerk sends Certified Copy of Petition and Original Civil Action Summons to Sheriff for Service or Petitioner can use a Certified Process Server. Clerk provides Petitioner with a copy of the Petition and original Notice of Hearing



Sheriff or Process Server serves Respondent

Respondent  
Appears at  
Assessment and  
Stabilization  
hearing.

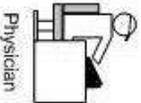


General Master

GM prepares a report and recommendation for Order of Assessment for Judge's signature.

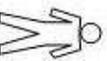


If Petition is granted, Petitioner takes Respondent to Juvenile Assessment Receiving Facility (JARF) for Assessment or paperwork (Ex-Parte Order) to Sheriff for the Sheriff to pick up Respondent and take respondent to JARF for Assessment or Citrus (Ex-Parte Petition). Petitioner should contact JARF first for bed availability.



Physician

Makes Assessment

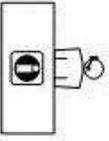


Petitioner

General Process for  
Petition for Involuntary  
Treatment  
(Done after Petition and  
Order of Assessment)

After the Assessment results, Petitioner can proceed to Petition for Involuntary Treatment.

Respondent  
Appears at  
Treatment  
hearing.

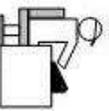


General Master

GM prepares a report and recommendation for Order of Treatment for Judge's signature.



If Petition is granted, Petitioner takes Respondent to ordered facility for Treatment or contact Law Enforcement for Law Enforcement to pick up and take respondent to ordered facility for Treatment



Physician

Treatment is given

## General Process for Petition for Involuntary Assessment (Adult)



**Respondent Appears at Assessment hearing:**

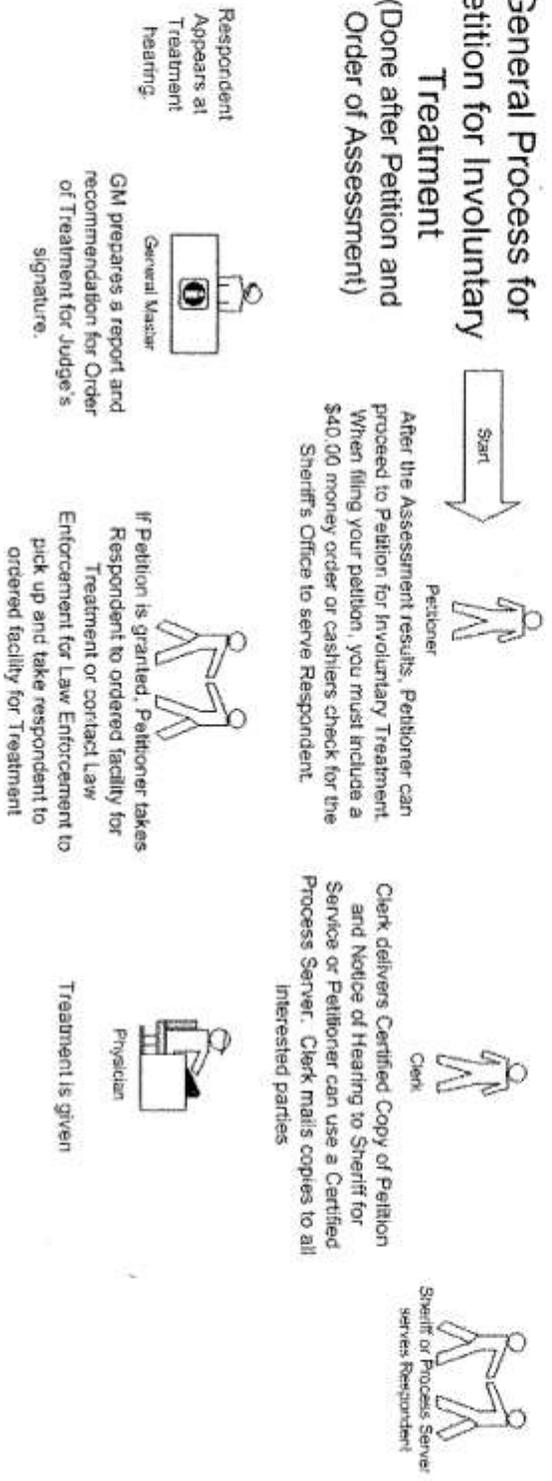
**General Master** (indicated by a stick figure icon)

GM prepares a report and recommendation for Order of Assessment for Judge's signature.

**If Petition is granted, Petitioner takes Respondent to Jackson Memorial Hospital (JMH) for Assessment or paperwork (Order) to Sheriff for the Sheriff to pick up Respondent and take respondent to JMH for Assessment**

## General Process for Petition for Involuntary Treatment

**(Done after Petition and Order of Assessment)**



# THE MARCHMAN ACT

## When should these forms be used?

These forms should be used to get a Court order to provide for **involuntary assessment, stabilization, and/or services (treatment)** for a person who is in need of substance abuse treatment and has refused services on their own.

## Basis for filing a Petition

A person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and, because of such impairment:

- Has lost the power of self-control with respect to substance abuse **AND**
  - Is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgment has been so impaired that he/she is incapable of appreciating his/her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his/her need for such services; **OR**
  - Without care or treatment, is likely to suffer from neglect or refuse to care for him/herself; that such neglect or refusal poses a real and present threat of substantial harm to his/her well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is a substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on him/herself, or another.

## Who may file a Petition

The following persons may file a petition:

- The person's spouse or legal guardian
- Any relative, private practitioner, or licensed service provider of the person
- Any adult who have personal knowledge of the person's substance abuse impairment
- In the case of a minor, the minor's parent, legal guardian, legal custodian or licensed service provider

### *Definitions:*

Petitioner – the party initiating the action and filing the petition.

Respondent – the party this case is against.

General Magistrate – the person appointed to assist the judge in the effective and timely disposition of cases by making findings of fact and recommendations to the judge.

## Documents Included in this Packet:

- Chapter 397 Petition for Involuntary *Assessment* and *Stabilization* (along with sample petition with instructional guide)
- Chapter 397 Ex-Parte (Emergency) Petition for Involuntary *Assessment* and *Stabilization* (along with sample petition with instructional guide)
- Chapter 397 Petition for Involuntary *Services (Treatment)* (along with sample petition with instructional guide)

The Marchman Act provides a two-step process, one for **assessment** and the other for **services (treatment)**, to determine whether a person should be subject to an involuntary order requiring substance abuse assessment and/or care. There is no filing fee for these processes.

- To insure that forms are legible, they are to be completed by either being typed or hand-written. **They cannot be completed by using cursive hand writing.**
- The Clerk of Courts staff cannot suggest specific information to be included in the blanks on your form or fill out the form for you.
- Do not sign any documents that require a Notary Public or Deputy Clerk signature until you are in front of the Notary Public or Deputy Clerk.
- This packet may not contain all the forms you may need as the case continues.
- Additional forms are available in the Clerk's Office at each of the following Courthouse locations:

### Juvenile Petitions

Clerk of Court, Juvenile Division  
Miami-Dade County Children's Courthouse  
155 N.W. 3<sup>rd</sup> St.  
Third Floor  
Miami, FL, 33128

### Adult Petitions

Clerk of Court, Probate Division  
Lawson E. Thomas Courthouse Center  
175 N.W. 1<sup>st</sup> Ave.  
Twelfth Floor  
Miami, FL, 33128

## INSTRUCTIONS FOR FILING

### Step 1: File a Petition for Involuntary Assessment and Stabilization

Complete and file one of the following forms with the Clerk: **Chapter 397 Petition for Involuntary Assessment and Stabilization** or **Chapter 397 Ex-Parte Emergency Petition for Assessment and Stabilization**

The form must state facts supporting the relief sought indicating:

- The reason for the Petitioner's belief that the Respondent is substance abuse impaired.
- The reason for the Petitioner's belief that because of such impairment the Respondent has lost the power of self-control with respect to substance abuse; AND the reason(s) the Petitioner believes that the
  - Respondent has inflicted or is likely to inflict physical harm on himself/herself or another unless admitted OR
  - 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 of making a rational decision regarding his/her need for care. If the Respondent has refused to submit to an assessment, such refusal must be alleged in the petition.
- In addition, but only if known, the Petition should state why the Petitioner believes that without services, the Respondent is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. The Petition should further explain that it is not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.

Read each line and select and/or fill in the appropriate response. The person completing this form, though, must sign before a Notary Public or Deputy Clerk, and after the above form is completed and filed, the Clerk's Office schedules the hearing on the Petition for Involuntary Assessment and Stabilization which will be heard within ten (10) days after the petition is filed.

However, before the hearing can occur, the Respondent (person needing assessed) must be served with notice by either the Sheriff's Office or a certified process server. If you use the sheriff, the Clerk's Office will forward a copy of the Petition and Original Summons along with the Petitioner's cashier's check or money order via inter-office mail to the Miami-Dade County Sheriff's Office for service of process. **The Miami-Dade County Sheriff's Office service fee is \$40.00 which must be included with the filing of the Petition; please make the money order or cashier's check payable to Miami-Dade Sheriff's Office.** A private certified process server can be used in lieu of the Miami-Dade County Sheriff's Office to effectuate service of process (for a fee), and can be useful in locating a hard to find person. The Clerk's Office has a list of certified process servers, but they cannot suggest a particular process server. It is your responsibility to pay the necessary service fee, and if the Respondent has not been served, the hearing may be reset.

A hearing is normally conducted before a General Magistrate, and the Petitioner's attendance is required. You, therefore, should appear at the hearing date provided by the Clerk unless told it has been reset. At this hearing, the Court either enters an Order of Involuntary Assessment or dismisses the petition. If assessment is ordered, the Respondent must complete the assessment. It is your responsibility to obtain the results of the doctor's assessment that includes a G.A.I.N., i.e. a Global Assessment of Individual Needs, Report and to decide if you want to file a Petition for Involuntary Services (Treatment) based upon said results. **After the above step is completed and you wish to continue with the process and petition the Court for the Respondent's involuntary care, a PETITION FOR INVOLUNTARY SERVICES (Treatment), with the assessment results attached, must be filed** (See Step 2).

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION:**  Probate  Juvenile

**Case No.** \_\_\_\_\_ **[ Leave Blank ]** \_\_\_\_\_

**IN RE:** **[The name, address, birth date, sex and race of the person who you are asking assessment and stabilization for]**

**Respondent's Name:**

**DOB:**

**Address:**

**Sex/Race:**

**CHAPTER 397 PETITION FOR INVOLUNTARY ASSESSMENT & STABILIZATION**

I, **[ Your Name ]**, being duly sworn, hereby state that I have personally observed the behavior and conduct of the above-named Respondent and have a good faith belief that said person is substance abuse impaired in that,

1. He/She has lost the power of self-control with respect to substance use; and **[Check all applicable ]**  
 \_\_\_\_\_ has threatened, attempted, or actually inflicted harm on him/herself or another, or unless admitted is likely to inflict physical harm on him/herself or another; **AND/OR**  
 \_\_\_\_\_ is refusing to voluntarily receive care because his/her judgment has been so impaired by substance abuse that he/she is incapable of appreciating a need or necessity for care and of making a rational decision regarding that need for care; **AND** (if known),  
 \_\_\_\_\_ the Respondent, without care or treatment, is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. It is also not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.
2. The reasons for these beliefs are as follows: **[Detail your observation including incidents as it relates to drug and alcohol abuse of the Person You Are Asking Assessment and Stabilization For. If you need additional space, you may use a separate sheet of paper.]**
3. Respondent has an attorney:  No;  Yes, his/her name is \_\_\_\_\_ **[Attorney of the Person You Asking Assessment and Stabilization for – If no Attorney, write N/A]**
4. Is the Respondent Indigent?  No;  Yes;  Unknown. **[Check one]**
5. The Respondent (has) / (has not) refused to submit to an assessment. **[Circle one]**

I hereby petition the Court to evaluate said person.

Petitioner's Name	<b>[Your Name]</b>
Petitioner's Address	<b>[Your Address]</b>
Petitioner's Telephone	<b>[Your Telephone Number]</b>
Petitioner's Email Address (If do not have email, write N/A)	<b>[Your Email Address, if available]</b>
Petitioner's Relationship to Respondent	<b>[Your Relationship to Respondent]</b>
Petitioner's Signature*	<b>[Do NOT sign until requested to do so in front of Notary]</b>
*Petitioner designates the above email be used for notice and service of process purposes unless no email address is available or Petitioner specifically requests in a separate writing that U.S. mail be used.	

**[Blanks below this point are to be filled out by the notary/clerk]**

State of Florida; City of \_\_\_\_\_; County of Miami-Dade

The foregoing instrument was sworn to or affirmed, subscribed, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Petitioner is  personally known to me; or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public or Deputy Clerk of Courts Signature

\_\_\_\_\_  
Print, type, or stamp commissioned name of  
Notary Public or Deputy Clerk of Courts

My Commission Expires:

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION:**  Probate  Juvenile

**Case No.** \_\_\_\_\_

**IN RE:**

**Respondent's Name:**

**DOB:**

**Address:**

**Sex/Race:**

**CHAPTER 397 PETITION FOR INVOLUNTARY ASSESSMENT & STABILIZATION**

I, \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior and conduct of the above-named Respondent and have a good faith belief that said person is substance abuse impaired in that,

1. He/she has lost the power of self-control with respect to substance abuse; and

\_\_\_\_\_ has threatened, attempted, or actually inflicted harm on him/herself or another, or unless admitted is likely to inflict physical harm on him/herself or another;

**AND/OR**

\_\_\_\_\_ is refusing to voluntarily receive care because his/her judgment has been so impaired by substance abuse that he/she is incapable of appreciating a need or necessity for care and of making a rational decision regarding that need for care;

**AND** (if known),

\_\_\_\_\_ the Respondent, without care or treatment, is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. It is also not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.

2. The reasons for these beliefs are as follows: \_\_\_\_\_

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

3. Respondent has an attorney:  No;  Yes, his/her name is \_\_\_\_\_.

4. Is the Respondent indigent?  No;  Yes;  Unknown.

5. The Respondent **(has)** / **(has not)** refused to submit to an assessment. [Circle One]

I hereby petition the Court to evaluate said person.

Petitioner's Name	
Petitioner's Address	
Petitioner's Telephone	

Petitioner's Email Address (If do not have email, write N/A)	
Petitioner's Relationship to Respondent	
Petitioner's Signature*	
*Petitioner designates the above email be used for notice and service of process purposes unless no email address is available or Petitioner specifically requests in a separate writing that U.S. mail be used.	

State of Florida; City of \_\_\_\_\_; County of Miami-Dade

The foregoing instrument was sworn to or affirmed, subscribed, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Petitioner is  personally known to me; or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public or Deputy Clerk of Courts Signature

\_\_\_\_\_  
Print, type, or stamp commissioned name of  
Notary Public or Deputy Clerk of Courts

My Commission Expires:

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION:**  Probate  Juvenile

**Case No.** \_\_\_\_\_ **[ Leave Blank ]** \_\_\_\_\_

**IN RE:** **[The name, address, birth date, sex and race of the person who you are asking assessment and stabilization for]**

**Respondent's Name:**

**DOB:**

**Address:**

**Sex/Race:**

**CHAPTER 397 EX-PARTE EMERGENCY PETITION FOR INVOLUNTARY ASSESSMENT & STABILIZATION**

I, **[ Your Name ]**, being duly sworn, hereby state that I have personally observed the behavior and conduct of the above-named Respondent and have a good faith belief that said person is substance abuse impaired in that,

1. He/She has lost the power of self-control with respect to substance use; and **[Check all applicable ]**  
 \_\_\_\_\_ has threatened, attempted, or actually inflicted harm on him/herself or another, or unless admitted is likely to inflict physical harm on him/herself or another; **AND/OR**  
 \_\_\_\_\_ is refusing to voluntarily receive care because his/her judgment has been so impaired by substance abuse that he/she is incapable of appreciating a need or necessity for care and of making a rational decision regarding that need for care; **AND** (if known),  
 \_\_\_\_\_ the Respondent, without care or treatment, is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. It is also not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.
2. The reasons for these beliefs are as follows: **[Detail your observation including incidents as it relates to drug and alcohol abuse of the Person You Are Asking Assessment and Stabilization For. If you need additional space, you may use a separate sheet of paper.]**
3. The reason an Ex-Parte Order for assessment & stabilization is necessary is: **[Detail why this assessment & stabilization is an emergency that must be heard immediately. If you need additional space, you may use a separate sheet of paper.]**
4. Respondent has an attorney:  No;  Yes, his/her name is \_\_\_\_\_ **[Attorney of the Person You Asking Assessment and Stabilization for – If no Attorney, write N/A]**
5. Is the Respondent Indigent?  No;  Yes;  Unknown. **[Check one]**
6. The Respondent (has) / (has not) refused to submit to an assessment. **[Circle one]**

I hereby petition the Court to evaluate said person.

Petitioner's Name	<b>[Your Name]</b>
Petitioner's Address	<b>[Your Address]</b>
Petitioner's Telephone	<b>[Your Telephone Number]</b>
Petitioner's Email Address (If do not have email, write N/A)	<b>[Your Email Address, if available]</b>
Petitioner's Relationship to Respondent	<b>[Your Relationship to Respondent]</b>
Petitioner's Signature*	<b>[Do NOT sign until requested to do so in front of Notary]</b>
*Petitioner designates the above email be used for notice and service of process purposes unless no email address is available or Petitioner specifically requests in a separate writing that U.S. mail be used.	

**[Blanks below this point are to be filled out by the notary/clerk]**

State of Florida; City of \_\_\_\_\_; County of Miami-Dade

The foregoing instrument was sworn to or affirmed, subscribed, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_. Petitioner is  personally known to me; or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public or Deputy Clerk of Courts Signature

\_\_\_\_\_  
Print, type, or stamp commissioned name of  
Notary Public or Deputy Clerk of Courts

My Commission Expires:

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION:**  Probate  Juvenile

**Case No.** \_\_\_\_\_

**IN RE:**

**Respondent's Name:**

**DOB:**

**Address:**

**Sex/Race:**

**CHAPTER 397 EX-PARTE EMERGENCY PETITION FOR  
INVOLUNTARY ASSESSMENT & STABILIZATION**

I, \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior and conduct of the above-named Respondent and have a good faith belief that said person is substance abuse impaired in that,

1. He/she has lost the power of self-control with respect to substance abuse; and

\_\_\_\_\_ has threatened, attempted, or actually inflicted harm on him/herself or another, or unless admitted is likely to inflict physical harm on him/herself or another;

**AND/OR**

\_\_\_\_\_ is refusing to voluntarily receive care because his/her judgment has been so impaired by substance abuse that he/she is incapable of appreciating a need or necessity for care and of making a rational decision regarding that need for care;

**AND** (if known),

\_\_\_\_\_ the Respondent, without care or treatment, is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. It is also not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.

2. The reasons for these beliefs are as follows: \_\_\_\_\_

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

3. The reason(s) an Ex-Parte Order for assessment and stabilization is necessary is/are: \_\_\_\_\_

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

4. Respondent has an attorney:  No;  Yes, his/her name is \_\_\_\_\_.

5. Is the Respondent indigent?  No;  Yes;  Unknown.

6. The Respondent (**has**) / (**has not**) refused to submit to an assessment. [Circle One]

I hereby petition the Court to evaluate said person.

Petitioner's Name	
Petitioner's Address	
Petitioner's Telephone	
Petitioner's Email Address (If do not have email, write N/A)	
Petitioner's Relationship to Respondent	
Petitioner's Signature*	
*Petitioner designates the above email be used for notice and service of process purposes unless no email address is available or Petitioner specifically requests in a separate writing that U.S. mail be used.	

State of Florida; City of \_\_\_\_\_; County of Miami-Dade

The foregoing instrument was sworn to or affirmed, subscribed, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Petitioner is  personally known to me; or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public or Deputy Clerk of Courts Signature

\_\_\_\_\_  
Print, type, or stamp commissioned name of  
Notary Public or Deputy Clerk of Courts

My Commission Expires:

## Step 2: File a Chapter 397 Petition For Involuntary Services (Treatment)

After the assessment, the Court can determine if the Respondent needs care. In order for this determination to be made, you must complete and file a “**Chapter 397 Petition For Involuntary Services (Treatment)**” along with the assessment results with the Clerk.

The form must state facts supporting the relief sought indicating:

- The reason for the Petitioner’s belief that the Respondent is substance abuse impaired.
- The reason for the Petitioner’s belief that because of such impairment the Respondent has lost the power of self-control with respect to substance abuse; AND the reason(s) the Petitioner believes that the
  - Respondent has inflicted or is likely to inflict physical harm on himself/herself or another unless the court orders the involuntary services; OR
  - 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 of making a rational decision regarding his/her need for care.
- In addition, but only if known, the Petition should state why the Petitioner believes that the Respondent has a history of non-compliance with substance abuse treatment, and without services, he/she is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. The Petition should further explain that it is not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.

Read each line and select and/or fill in the appropriate response. The person completing this form, though, must sign before a Notary Public or Deputy Clerk, and after the above form is completed and filed with the assessment results, the Clerk’s Office schedules the hearing on the Petition for Involuntary Services (Treatment) within five (5) days after the petition is filed.

If you are filing a **Petition for Involuntary Services (Treatment)**, the Respondent (person needing care) must again be served with notice by either the Sheriff’s Office or a certified process server. If you use the sheriff, the Clerk’s Office will forward a copy of the Petition and Original Summons along with the Petitioner’s cashier’s check or money order via inter-office mail to the Miami-Dade County Sheriff’s Office for service of process. **The Miami-Dade County Sheriff's Office service fee is \$40.00 which must be included with the filing of the Petition; please make the money order or cashier’s check payable to Miami-Dade Sheriff’s Office.** A private certified process server can be used in lieu of the Miami-Dade County Sheriff’s Office to effectuate service of process (for a fee), and can be useful in locating a hard to find person. The Clerk’s Office has a list of certified process servers, but they cannot suggest a particular process server. It is your responsibility to pay the necessary service fee, and if the Respondent has not been served, the hearing may be reset.

A hearing is normally conducted before a General Magistrate, and the Petitioner’s attendance is required. You, therefore, should appear at the hearing date provided by the Clerk unless you are told the hearing has been reset. At this hearing, the Court either enters an Order of Involuntary Services or dismisses the petition. If treatment is ordered, the Order for Involuntary Services may direct the Sheriff to take the Respondent into custody and deliver him/her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary treatment (section 397.697(1), Florida Statutes). If the Order is not enforced, the Petitioner is responsible to take the further steps to seek enforcement of the Order, which may include written notification to the Court of what happened.

The Court is not responsible for finding a licensed facility. All treatments are controlled by the **South Florida Behavioral Health Network** and must be obtained through the **South Florida Behavioral Health Network**. They can be contacted at **305-858-3335** or on the internet at <http://sfbhn.org/> .

### Step 3: Once Care Has Begun

If the Respondent fails to complete treatment, the Petitioner may petition the Court by writing a letter titled “Motion for Contempt of Court for Failure to Complete Services.” In this letter, explain what the Court ordered, how the Respondent failed to comply with said Order, and request a hearing before the Court on your “Motion for Contempt of Court for Failure to Complete Services.” File this letter at the addresses listed above with the Clerk’s Probate Division if the Respondent is an adult, or with the Clerk’s Juvenile Division if the Respondent is a minor. All petitioners, though, should be aware that at this time, there are very limited “locked” licensed substance abuse treatment programs, and thus, the ability to enforce Court Orders may be significantly limited.

If the Respondent has been attending treatment, but the ninety (90) days are ending and more time is needed in treatment, file for an extension of services by filing a **Re-Petition for Involuntary Services** and insure that box “f” is checked, that states: “Respondent is nearing the scheduled date of release from involuntary services pursuant to a Court order; however, Respondent continues to meet the criteria for involuntary services contained in section 397.693, F.S.”

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION:**  Probate  Juvenile **Case No.** \_\_\_\_\_ **[ Leave Blank ]**

**IN RE:** **[The name, address, birth date, sex and race of the person who you are asking assessment and stabilization for]**

**Respondent's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Sex/Race:** \_\_\_\_\_

**CHAPTER 397 PETITION FOR INVOLUNTARY SERVICES (Treatment)**

I, **[ Your Name ]**, being duly sworn, hereby state that I have personally observed the behavior and conduct of the above-named Respondent and have a good faith belief that said person is substance abuse impaired in that,

1. He/She has lost the power of self-control with respect to substance use; and **[Check all applicable ]**  
 \_\_\_\_\_ has threatened, attempted, or actually inflicted harm on him/herself or another, or unless admitted is likely to inflict physical harm on him/herself or another; **AND/OR**  
 \_\_\_\_\_ is refusing to voluntarily receive care because his/her judgment has been so impaired by substance abuse that he/she is incapable of appreciating a need or necessity for care and of making a rational decision regarding that need for care; **AND** (if known),  
 \_\_\_\_\_ the Respondent has a history of non-compliance with substance abuse treatment, and without services, he/she is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. It is also not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.
2. The reason(s) for said belief is/are as follows: **[CHECK ALL BOXES THAT APPLY]**
  - a.  Respondent has been placed under protective custody pursuant to section 397.677, Florida Statutes [F.S.] within the previous 10 days; or
  - b.  Respondent has been subject to an emergency admission pursuant to section 397.679, F.S. within the previous 10 days; or
  - c.  Respondent has been assessed by a qualified professional within the previous 5 days; or
  - d.  Respondent has been subject to involuntary assessment and stabilization pursuant to Fla. Stat. 397.6818 a within the previous 12 days; or
  - e.  Respondent has been subject to alternative involuntary admission pursuant to section 397.6822, F.S. within the previous 12 days; or
  - f.  Respondent is nearing the scheduled date of release from involuntary treatment pursuant to a Court order; however, Respondent continues to meet the criteria for involuntary treatment contained in section 397.693, F.S.
  - g.  Other Facts: **[Detail your observation including incidents as it relates to drug and alcohol abuse of the Person You Are Asking Treatment For. If you need additional space you may use a separate sheet of paper]**
3. Respondent has an attorney:  No;  Yes, his/her name is \_\_\_\_\_ **[Attorney of the Person You Asking Treatment for – If no Attorney, write N/A]**
4. Is the Respondent Indigent?  No;  Yes;  Unknown. **[Check one]**
5. A qualified professional has assessed the Respondent and the findings and recommendations of said professional are: **[Write down what the Assessment Doctor told you regarding the Respondent's substance abuse]**

I hereby petition the Court to evaluate said person.

Petitioner's Name	<b>[Your Name]</b>
Petitioner's Address	<b>[Your Address]</b>
Petitioner's Telephone	<b>[Your Telephone Number]</b>
Petitioner's Email Address (If do not have email, write N/A)	<b>[Your Email Address, if available]</b>
Petitioner's Relationship to Respondent	<b>[Your Relationship to Respondent]</b>
Petitioner's Signature*	<b>[Do NOT sign until requested to do so in front of Notary]</b>
*Petitioner designates the above email be used for notice and service of process purposes unless no email address is available or Petitioner specifically requests in a separate writing that U.S. mail be used.	

**[Blanks below this point are to be filled out by the notary/clerk]**

State of Florida; City of \_\_\_\_\_; County of Miami-Dade  
 The foregoing instrument was sworn to or affirmed, subscribed, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_. Petitioner is  personally known to me; or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary Public or Deputy Clerk of Courts Signature

\_\_\_\_\_  
 Print, type, or stamp commissioned name of  
 Notary Public or Deputy Clerk of Courts

My Commission Expires:

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT,  
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION:**  Probate     Juvenile

**Case No.** \_\_\_\_\_

**IN RE:**

**Respondent's Name:**

**DOB:**

**Address:**

**Sex/Race:**

**CHAPTER 397 PETITION FOR INVOLUNTARY SERVICES (Treatment)**

I, \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior and conduct of the above-named Respondent and have a good faith belief that said person is substance abuse impaired in that,

1. He/she has lost the power of self-control with respect to substance abuse; and

\_\_\_\_\_ has threatened, attempted, or actually inflicted harm on him/herself or another, or unless admitted is likely to inflict physical harm on him/herself or another;

**AND/OR**

\_\_\_\_\_ is refusing to voluntarily receive care because his/her judgment has been so impaired by substance abuse that he/she is incapable of appreciating a need or necessity for care and of making a rational decision regarding that need for care;

**AND** (if known),

\_\_\_\_\_ the Respondent has a history of non-compliance with substance abuse treatment, and without services, he/she is likely to suffer from neglect or refuse to care for him/herself; that such neglect poses a real and present threat of substantial harm to his/her well-being; and that there is a substantial likelihood that he/she will cause serious bodily harm to him/herself or another in the near future, as evidenced by recent behavior. It is also not apparent that such harm may be avoided through the help of willing family members, friends, or the provision of other services.

2. The reason(s) for said belief is/are as follows: [CHECK ALL BOXES THAT APPLY]

- a.  Respondent has been placed under protective custody pursuant to section 397.677, Florida Statutes [F.S.] with the previous 10 days; or
- b.  Respondent has been subject to an emergency admission pursuant to section 397.679, F.S. within the previous 10 days; or
- c.  Respondent has been assessed by a qualified professional within the previous 5 days; or
- d.  Respondent has been subject to an involuntary assessment and stabilization pursuant to section 397.6818, F.S. within the previous 12 days; or
- e.  Respondent has been subject to alternative involuntary admission pursuant to section 397.6822, F.S. within the previous 12 days; or
- f.  Respondent is nearing the scheduled date of release from involuntary services pursuant to Court order; however, Respondent continues to meet the involuntary services criteria of section 397.693, F.S.; or

g.  Other Facts: \_\_\_\_\_

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

3. Respondent has an attorney:  No;  Yes, his/her name is \_\_\_\_\_.

4. Is the Respondent indigent?  No;  Yes;  Unknown.

5. A qualified professional has assessed the Respondent, and said professional's findings and recommendations are: \_\_\_\_\_

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

I hereby petition the Court to evaluate said person.

Petitioner's Name	
Petitioner's Address	
Petitioner's Telephone	
Petitioner's Email Address (If do not have email, write N/A)	
Petitioner's Relationship to Respondent	
Petitioner's Signature*	

\*Petitioner designates the above email be used for notice and service of process purposes unless no email address is available or Petitioner specifically requests in a separate writing that U.S. mail be used.

State of Florida; City of \_\_\_\_\_; County of Miami-Dade

The foregoing instrument was sworn to or affirmed, subscribed, and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Petitioner is  personally known to me; or  has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public or Deputy Clerk of Courts Signature

\_\_\_\_\_  
Print, type, or stamp commissioned name of  
Notary Public or Deputy Clerk of Courts

My Commission Expires: