

Marchman Act
Adult
Package

MARCHMAN ACT PACKAGE

Table of Contents

Page 2

- General Information
- Notice Of Limitation Of Service Provided
- ADA Notice

Page 3

- Flow Chart for General Process for Petition for Involuntary Assessment and Stabilization and Petition for Involuntary Treatment

Page 4

- The Marchman Act
 - When Should These Forms be Used
 - Basis for Filing a Petition
 - Who May File a Petition

Page 5

- Documents that are in this Package

Page 6

- Instructions for Filing
 - Step 1: To File a Petition for Involuntary Assessment and Stabilization

Page 7

- Sample Petition For Involuntary Assessment And Stabilization with Instructional Guide

Page 8

- Petition For Involuntary Assessment And Stabilization

Page 9

- Sample Petition for Involuntary Assessment and Stabilization for Substance Abuse (For Emergency) with Instructional Guide

Page 10

- Petition for Involuntary Assessment and Stabilization for Substance Abuse (For Emergency)

Page 11

- Instructions for Filing
 - Step 2: To File a Chapter 397 Petition for Involuntary Treatment

Page 12

- Instructions for Filing
 - Step 3: Once treatment has begun

Page 13

- Sample Petition for Involuntary Treatment for Substance Abuse with Instructional Guide

Page 14

- Petition for Involuntary Treatment for Substance Abuse

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. 1st 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 (Adult)



Petitioner

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



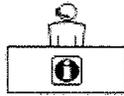
Clerk

Clerk delivers Certified Copy of Petition and Notice of Hearing to Sheriff for Service or Petitioner can use a Certified Process Server. Clerk mails copies to all interested parties



Sheriff or Process Server serves Respondent

Respondent
Appears at
Assessment
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 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

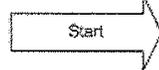


Physician

Physician makes assessment and provides paperwork to include "GAIN" meaning Global Assessment Individual Needs.

- 3 -

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



Petitioner

After the Assessment results, Petitioner can proceed to Petition for Involuntary Treatment. When filing your petition, you must include a \$40.00 money order or cashiers check for the Sheriff's Office to serve Respondent.



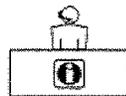
Clerk

Clerk delivers Certified Copy of Petition and Notice of Hearing to Sheriff for Service or Petitioner can use a Certified Process Server. Clerk mails copies to all interested parties



Sheriff or Process Server serves Respondent

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

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 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 use **AND EITHER**
 - Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself/herself or another **OR**
 - Is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgment has been so impaired that the person is incapable of appreciating his/her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his/her need for such services.

Who may file a Petition

The following persons may file a petition:

- The person's spouse or guardian
- Any relative of the person
- Any three (3) responsible adults 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:

- 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 *Treatment* (along with sample petition with instructional guide)

The Marchman Act provides a two-step process, one for **assessment** and the other for **treatment**, to determine whether a person should be subject to an involuntary order requiring substance abuse assessment and/or treatment. 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 location:

Adult Petitions

Clerk of Court, Probate Section
Miami-Dade County Courthouse
73 West Flagler Street Room 234
Miami, FL 33130

INSTRUCTIONS FOR FILING

Step 1

To File a Petition for Involuntary Assessment and Stabilization

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

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 EITHER
 - the reason the Petitioner believes that the Respondent has inflicted or is likely to inflict physical harm on himself/herself or another unless admitted OR
 - the reason the Petitioner believes that the 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.

Read each line and select and/or fill in the appropriate response.

The person completing this form (petitioner(s)) must sign before a Notary Public or Deputy Clerk.

After the above form is completed take it to the Clerk's Office at the DCC 2nd floor, Room 234, Miami, Florida 33130. The Clerk's Office will schedule the hearing on the Petition for Involuntary Assessment and Stabilization which will be heard within ten (10) days after the petition is filed.

If you are filing a **Petition for Involuntary Assessment and Stabilization**, the respondent (person needing assessment) must be served. You may use the Sheriff's Office or a certified process server.

If you decide to use the Sheriff, when you go to the Clerk's Office to file the Petition, you must either bring a money order or cashier's check for \$40.00 payable **Miami-Dade Sheriff's Office**. The clerk will take the necessary paperwork to the Sheriff's Office for the respondent to be served.

If you decide to use a certified process server, the Clerk's Office has a list of names. But, the clerks cannot suggest a particular process server. If you use a certified process server, it is your responsibility to choose your process server and make the necessary payment for the service.

A hearing is normally conducted before a General Magistrate and attendance is required by the Petitioner(s). If the Respondent has not been served, the hearing may be reset. You should appear at the hearing date provided by the clerk when the petition was filed, unless you are told the hearing has been reset.

As a result of this hearing, the Court either enters an Order of Involuntary Assessment or dismisses the Petition. If an assessment is ordered, the respondent is required to complete an assessment. It is your responsibility to obtain the results of the assessment from the Doctor. The results are called a GAIN report standing for Global Assessment Individual Needs.

If after the above step is completed, you wish to continue with the process and petition the Court for involuntary treatment of the respondent, a **PETITION FOR INVOLUNTARY TREATMENT** and the GAIN results must be filed pursuant to Chapter 397 of the Florida Statutes (see **Step 2**).

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

DIVISION

CASE NO. [Leave Blank]

- PROBATE
- JUVENILE

S A M P L E

IN RE: [The Person Who You Are Asking Assessment and Stabilization For]

Respondent's Name:

Address: [Address of the Person You are Asking Assessment and Stabilization for]

DOB: [Date of Birth of the Person

You are Asking Assessment and Stabilization for] SEX/RACE: [Sex and Race of the Person You are Asking Assessment and Stabilization for]

PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION (Florida Statutes, Chapter 397)

I, [Your Name], being duly sworn, hereby state that I have personally observed the behavior and conduct of RESPONDENT, [The Person Who You Are Asking Assessment and Stabilization For], 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 either
- 2) He/She has threatened, attempted, or actually inflicted harm on (himself) (herself) or another, or unless admitted is likely to inflict physical harm on (himself) (herself) or another, or is in need of substance abuse service, and by reason of substance abuse his/her judgment has been so impaired that he/she is incapable of appreciating a need for care and of making a rational decision in regard thereto.
- 3) Respondent has an attorney: No Yes if Yes, Attorney Name _____ [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 box]
- 5) The Respondent (has) (has not) refused to submit to an assessment.
- 6) The Petitioner's beliefs are based on the following: [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] _____

I hereby petition the Court to evaluate said person.

[Your Address]	[Your Name]
Petitioner's Address	Petitioner's Name
[Your Telephone Number]	[Do Not Sign Until Requested to do so]
Petitioner's telephone number	Petitioner's Signature and Relationship
	[If you are not a Family Member – Name of Petitioner #2]
	Petitioner's #2 Name (needed if not a family member)
[If you are not a Family Member – Address of Petitioner #2]	[Do Not Sign Until Requested to do so]
Petitioner's #2 Address (needed if Petitioner is not a family member)	Signature of Petitioner #2
	[If you are not a Family Member – Name of Petitioner #3]
[If you are not a Family Member – Address of Petitioner #3]	Petitioner's #3 Name (needed if not a family member)
Petitioner's #3 Address (needed if Petitioner is not a family member)	[Do Not Sign Until Requested to do so]
	Signature of Petitioner #3

State of Florida

County of Miami-Dade

Sworn to or affirmed and signed before me on [Leave Blank]_ by [Leave Blank]

[Leave Blank]

[] Personally Known

Notary Public or Deputy Clerk of Courts

[] Produced Identification

Type of Identification Produced _____

[Leave Blank]

[Print, type, or stamp commissioned name of notary or Deputy Clerk.]

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:
 Address:

DOB:

SEX/RACE:

PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION
(Florida Statutes, Chapter 397)

I, _____, being duly sworn, hereby state that I have personally observed the behavior and conduct of 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 either
- 2) He/She has threatened, attempted, or actually inflicted harm on (himself) (herself) or another, or unless admitted is likely to inflict physical harm on (himself) (herself) or another, or is in need of substance abuse service, and by reason of substance abuse his/her judgment has been so impaired that he/she is incapable of appreciating a need for care and of making a rational decision in regard thereto.
- 3) Respondent has an attorney: No Yes if Yes, Attorney Name _____
- 4) Is the Respondent Indigent? No Yes Unknown .
- 5) The Respondent (has) (has not) refused to submit to an assessment.
- 6) The Petitioner's beliefs are based on the following: _____

I hereby petition the Court to evaluate said person.

Petitioner's Address	Petitioner's Name
Petitioner's telephone number	Petitioner's Signature and Relationship
	Petitioner's #2 Name (needed if not a family member)
Petitioner's #2 Address (needed if Petitioner is not a family member)	Signature of Petitioner #2
	Petitioner's #3 Name (needed if not a family member)
Petitioner's #3 Address (needed if Petitioner is not a family member)	Signature of Petitioner #3

State of Florida
 County of Miami-Dade

Sworn to or affirmed and signed before me on _____ by _____

[] Personally Known
 [] Produced Identification
 Type of Identification Produced _____

 Notary Public or Deputy Clerk of Courts

 [Print, type, or stamp commissioned name of notary or Deputy Clerk.]

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

CASE NO. [Leave Blank]

DIVISION

- PROBATE
- JUVENILE

S A M P L E

**CHAPTER 397 EX-PARTE
PETITION FOR
ASSESSMENT AND STABILIZATION**

IN RE: [The Person Who You Are Asking Assessment and Stabilization For]

Respondent's Name:

Address:[Address of the Person You are Asking Assessment and Stabilization for]

DOB: [Date of Birth of the Person

You are Asking Assessment and Stabilization for] SEX/RACE: [Sex and Race of the Person You are Asking Assessment and Stabilization for]

I, [Your Name], being duly sworn, hereby state that I have personally observed the behavior and conduct of RESPONDENT, [The Person Who You Are Asking Assessment and Stabilization For] 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 either
2. He/She has threatened, attempted, or actually inflicted harm on (himself) (herself) or another, or unless admitted is likely to inflict physical harm on (himself) (herself) or another, or is in need of substance abuse service, and by reason of substance abuse his/her judgment has been so impaired that he/she is incapable of appreciating a need for care, and of making a rational decision in regard thereto.
3. Respondent has an attorney: No Yes if Yes, Attorney Name _____ [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 box]
5. The Respondent (has) (has not) refused to submit to an assessment.
6. The Petitioner's beliefs are based on the following : [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]
7. 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]

I hereby petition the Court to evaluate said person.

[Your Address]	[Your Name]
Petitioner's Address	Petitioner's Name
[Your Telephone Number]	[Do Not Sign Until Requested to do so]
Petitioner's telephone number	Petitioner's Signature and Relationship
	[If you are not a Family Member – Name of Petitioner #2]
	Petitioner's #2 Name (needed if not a family member)
[If you are not a Family Member – Address of Petitioner #2]	[Do Not Sign Until Requested to do so]
Petitioner's #2 Address (needed if Petitioner is not a family member)	Signature of Petitioner #2
	If you are not a Family Member – Name of Petitioner #3]
[If you are not a Family Member – Address of Petitioner #3]	Petitioner's #3 Name (needed if not a family member)
Petitioner's #3 Address (needed if Petitioner is not a family member)	[Do Not Sign Until Requested to do so]
	Signature of Petitioner #3

State of Florida

County of Miami-Dade

Sworn to or affirmed and signed before me on [Leave Blank]_ by [Leave Blank]

[Leave Blank]

[] Personally Known

[] Produced Identification

Type of Identification Produced _____ [Leave Blank]

Notary Public or Deputy Clerk of Courts

[Print, type, or stamp commissioned name of notary or Deputy Clerk.]

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

CASE NO. _____

DIVISION
 PROBATE
 JUVENILE

**CHAPTER 397 EX-PARTE
 PETITION FOR
 ASSESSMENT AND STABILIZATION**

IN RE:

Respondent's Name:
 Address:

DOB:

SEX/RACE:

I, _____, belong duly sworn, hereby state that I have personally observed the behavior and conduct of 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 either
2. He/She has threatened, attempted, or actually inflicted harm on (himself) (herself) or another, or unless admitted is likely to inflict physical harm on (himself) (herself) or another, or is in need of substance abuse service, and by reason of substance abuse his/her judgment has been so impaired that he/she is incapable of appreciating a need for care, and of making a rational decision in regard thereto.
3. Respondent has an attorney: No Yes if Yes, Attorney Name _____
4. Is the Respondent Indigent? No Yes Unknown .
5. The Respondent (has) (has not) refused to submit to an assessment.
6. The Petitioner's beliefs are based on the following:
7. The reason an Ex-Parte Order for assessment & stabilization is necessary is: _____

I hereby petition the Court to evaluate said person.

Petitioner's Address	Petitioner's Name
Petitioner's telephone number	Petitioner's Signature and Relationship
	Petitioner's #2 Name (needed if not a family member)
Petitioner's #2 Address (needed if Petitioner is not a family member)	Signature of Petitioner #2
	Petitioner's #3 Name (needed if not a family member)
Petitioner's #3 Address (needed if Petitioner is not a family member)	Signature of Petitioner #3

State of Florida
 County of Miami-Dade

Sworn to or affirmed and signed before me on _____ by _____

[] Personally Known
 [] Produced Identification
 Type of Identification Produced _____

 Notary Public or Deputy Clerk of Courts

[Print, type, or stamp commissioned name of notary or Deputy Clerk.]

Step 2

To File a Chapter 397 Petition For Involuntary Treatment

After the assessment, the Court can determine whether the Respondent needs treatment. In order for this to happen you must file a “**Chapter 397 Petition For Involuntary Treatment**” and the **GAIN** results with the Clerk.

Complete and file the following form with the Clerk.: **Chapter 397 Petition for Involuntary Treatment** along with the **GAIN** results.

This 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 EITHER
 - The reason the Petitioner believes that the Respondent has inflicted or is likely to inflict physical harm on himself/herself or others unless admitted; OR
 - The reason the Petitioner believes that the 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.
- Read each line and select and/or fill in the appropriate response.
- Person completing this form must sign before a Notary Public or Deputy Clerk

After the above form is completed and filed with the **GAIN** results, the Clerk’s Office schedules the hearing on the Petition for Involuntary Treatment which will be heard within ten (10) days after the petition is filed.

If you are filing a **Petition for Involuntary Treatment**, the respondent (person needing treatment) must again be served. You may use the Sheriff’s Office or a certified process server.

If you decide to use the Sheriff, when you go to the Clerk’s Office to file the Petition, you must either bring a money order or cashier’s check for \$40.00 payable **Miami-Dade Sheriff’s Office**. The clerk will take the necessary paperwork to the Sheriff’s Office for the respondent to be served.

If you decide to use a certified process server, the Clerk’s Office has a list of names. But, the clerks cannot suggest a particular process server. If you use a certified process server, it is your responsibility to make choose the process server and make the necessary payment for the service.

A hearing is normally conducted before a General Magistrate and attendance is required by the Petitioner(s). If the Respondent has not been served, the hearing may be reset. You should appear at the hearing date provided by the clerk when the petition was filed, unless you are told the hearing has been reset.

As a result of this hearing, the Court either enters an Order of Involuntary Treatment or dismisses the Petition. If treatment is ordered, the Order for Involuntary Treatment, 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 TREATMENT 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 Treatment”. In the letter, explain what was ordered by the court, what the respondent failed to do that was ordered and request a hearing before the Court on a “Motion for Contempt of Court for Failure to Complete Treatment”. File this letter with the Clerk at the 2nd floor, room 234, of the Dade County Courthouse. But, all petitioners should be aware that at this time there are very limited “locked” licensed substance abuse treatment programs, the ability to enforce Court Orders may be significantly limited.

If the respondent has been attending treatment, but the 60 days are ending and more time is needed in treatment, file for an extension of treatment by filing a **Re-Petition for Involuntary Treatment** and insure that box “F” is checked, that states: “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 Fla. Stat. 397.693.”

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

DIVISION

- PROBATE
- JUVENILE

S A M P L E

CASE NO. [Leave Blank]

**CHAPTER 397
PETITION FOR
INVOLUNTARY TREATMENT**

IN RE: [The Person Who You Are Asking Treatment For]

Respondent's Name:

Address: [Address of the Person You are Asking Treatment for]

DOB: [Date of Birth of the Person You are Asking Treatment for]

Treatment for]

SEX/RACE: [Sex and Race of the Person You are Asking Treatment for]

I, [Your Name], being duly sworn, hereby state that I have personally observed the behavior and conduct of RESPONDENT, [Person You Are Asking Treatment For], 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 either
2. He/She has threatened, attempted, or actually inflicted harm on him/her self or another, or unless admitted is likely to inflict physical harm on him/her self or another, or is in need of substance abuse service, and by reason of substance abuse his/her judgment has been so impaired that he/she is incapable of appreciating a need for care and of making a rational decision in regard therefore. 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 Treatment For. If you need additional space you may use a separate sheet of paper]

CHECK ALL BOXES THAT APPLY

- a) Respondent has been placed under protective custody pursuant to Fla. Stat. 397.677 within the previous 10 days; or
 - b) Respondent has been subject to an emergency admission pursuant to Fla. Stat. 397.679 within the previous 10 days; or
 - c) Respondent has been assessed by a qualified professional (not the assessment Dr) 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 (this is the assessment Dr); or
 - e) Respondent has been subject to alternative involuntary admission pursuant to Fla. Stat. 397.6822 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 Fla. Stat. 397.693..
 3. Respondent has an attorney: No Yes if Yes, Attorney Name _____ [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.

[Your Address]	[Your Name]
Petitioner's Address	Petitioner's Name
[Your Telephone Number]	[Do Not Sign Until Requested to do so]
Petitioner's telephone number	Petitioner's Signature and Relationship
	[If you are not a Family Member – Name of Petitioner #2]
	Petitioner's #2 Name (needed if not a family member)
[If you are not a Family Member – Address of Petitioner #2]	[Do Not Sign Until Requested to do so]
Petitioner's #2 Address (needed if Petitioner is not a family member)	Signature of Petitioner #2
	If you are not a Family Member – Name of Petitioner #3]
[If you are not a Family Member – Address of Petitioner #3]	Petitioner's #3 Name (needed if not a family member)
Petitioner's #3 Address (needed if Petitioner is not a family member)	[Do Not Sign Until Requested to do so]
	Signature of Petitioner #3

State of Florida

County of Miami-Dade

Sworn to or affirmed and signed before me on [Leave Blank]_ by [Leave Blank]

[Leave Blank]

[] Personally Known

Notary Public or Deputy Clerk of Courts

[] Produced Identification

Type of Identification Produced _____

[Leave Blank]

[Print, type, or stamp commissioned name of notary or Deputy Clerk.]

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

DIVISION
 PROBATE
 JUVENILE

CASE NO. _____

**CHAPTER 397
 PETITION FOR
 INVOLUNTARY TREATMENT**

IN RE:

Respondent's Name:
 Address:

DOB:

SEX/RACE:

I, _____, being duly sworn, hereby state that I have personally observed the behavior and conduct of 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 either
2. He/She has threatened, attempted, or actually inflicted harm on him/her self or another, or unless admitted is likely to inflict physical harm on him/her self or another, or is in need of substance abuse service, and by reason of substance abuse his/her judgment has been so impaired that he/she is incapable of appreciating a need for care and of making a rational decision in regard therefore. The reasons for these beliefs are as follows:

CHECK ALL BOXES THAT APPLY

- a) Respondent has been placed under protective custody pursuant to Fla. Stat. 397.677 within the previous 10 days; or
- b) Respondent has been subject to an emergency admission pursuant to Fla. Stat. 397.679 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 Fla. Stat. 397.6822 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 Fla. Stat. 397.693.
3. Respondent has an attorney: No Yes if Yes, Attorney Name _____
4. Is the Respondent Indigent? No Yes Unknown .
5. A qualified professional has assessed the Respondent and the findings and recommendations of said professional are:

I hereby petition the Court to evaluate said person.

Petitioner's Address	Petitioner's Name
Petitioner's telephone number	Petitioner's Signature and Relationship
	Petitioner's #2 Name (needed if not a family member)
Petitioner's #2 Address (needed if Petitioner is not a family member)	Signature of Petitioner #2
	Petitioner's #3 Name (needed if not a family member)
Petitioner's #3 Address (needed if Petitioner is not a family member)	Signature of Petitioner #3

State of Florida
 County of Miami-Dade
 Sworn to or affirmed and signed before me on _____ by _____

[] Personally Known
 [] Produced Identification
 Type of Identification Produced _____

 Notary Public or Deputy Clerk of Courts

[Print, type, or stamp commissioned name of notary or Deputy Clerk.]