

****IMPORTANT****

It is strongly recommended that you file your paperwork **DURING MORNING BUSINESS HOURS** to allow sufficient time during the day for the court to review your request.

For after hour emergency services, please contact your respective Domestic Violence Center:

Washington County Sheriff's Office

Victim Advocate – 850-638-6184

24 Hour Line – 850-638-6111

Salvation Army

24 Hour Crisis Line – 850-763-0706

Rural Advocate (Trish Vicars) – 850-740-9611

MARCHMAN ACT

IN THE CIRCUIT COURT OF THE **FOURTEENTH** JUDICIAL CIRCUIT
IN AND FOR **WASHINGTON** COUNTY, FLORIDA

IN RE: _____
Respondent:

CASE NO. _____

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization

I, _____ being duly sworn, am filing this sworn statement requesting a court order
(Print Name of Petitioner)
for the involuntary assessment of _____ (hereinafter referred to as PERSON).
(Print Name of Person)

The PERSON is 18 years of age or older? yes or no Age 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 hospital or licensed substance abuse facility for assessment and stabilization.

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. The PERSON lives at, or may be found at, the following address(es):

Street Address: _____ City _____

Street Address: _____ City _____

2. I have the following relationship with the PERSON: _____

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

4. (Check the box that applies)

a. I or a family member have or have not previously made allegations to law enforcement involving this PERSON on _____ (Date) 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) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, etc. as described: _____

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c. This PERSON has or has not previously or currently criminal/delinquency charges.

5. (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: _____

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

a. The PERSON has only recently displayed behavior related to substance abuse.

b. The PERSON has, over a period of time, had a substance abuse problem. Specify how long:

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

7. I believe that the PERSON is substance abuse impaired (defined in the law as the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior): _____

8. I believe that the PERSON has lost the power of self-control with respect to substance use because:

9. I have seen the following behavior, which causes me to believe that the that the PERSON has inflicted, or threatened or attempted to inflict, or unless admitted for assessment is likely to inflict, physical harm on himself or herself or someone else On _____ at approximately _____ am pm, I saw the PERSON:
Date Time

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

11. I believe the PERSON is in need of substance abuse services because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about services because (a mere refusal to receive services is not enough to constitute lack of judgment): _____

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12. To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation, developmental disability, or conditions resulting from antisocial behavior.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

13. a. I have attempted to get the PERSON to agree to seek assistance for a substance abuse problem(s) as follows: _____

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

c. The PERSON refused a voluntary assessment or treatment because: _____

14. I have made arrangements for the PERSON to be admitted to _____ Facility located at _____ for voluntary assessment and stabilization.

15. The name of the PERSON's attorney is (if any): _____

16. PERSON can cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the PERSON.

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	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Attach a picture of the PERSON if possible -Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the PERSON t been violent in the recent past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and to appoint a guardian? <input type="checkbox"/> No <input type="checkbox"/> 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's Name: : _____ Phone: (_____) _____			
Provide name of medications, 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.

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Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me **OR**
this _____ day of _____,
by _____ who is
Florida
personally known to me or presented
_____ as identification.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____,

Clerk of Circuit Court Washington County,
By: _____
Deputy Clerk

Notary Public - State of Florida
My Commission expires: Date _____

A copy of this petition must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.