

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
IN AND FOR SEMINOLE COUNTY, FLORIDA**

IN RE: \_\_\_\_\_  
Respondent

CASE NO.: \_\_\_\_\_

**PETITION AND AFFIDAVIT FOR INVOLUNTARY ASSESSMENT AND STABILIZATION**

I, \_\_\_\_\_, whose relationship to the Respondent is \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior and conduct of the Respondent and I have good faith reason to believe that the Respondent is substance abuse impaired as defined in Section 397.311(19), Florida Statutes, or has a co-occurring mental health disorder and because of such impairment or disorder:

- \_\_\_\_\_ 1) Has lost the power of self-control with respect to substance abuse; and
- \_\_\_\_\_ 2) (a) Is in need of substance abuse services and, by reason of substance abuse impairment, 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 in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; OR
- \_\_\_\_\_ (b) Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or 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 substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or unless admitted, is likely to inflict, physical harm on himself, herself, or another.
- \_\_\_\_\_ I further allege that the above named person has refused to submit to an assessment voluntarily.

The name of the Respondent’s attorney, if known \_\_\_\_\_.

Facts to support the need for involuntary assessment and stabilization:

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I hereby petition the Court to enter an Ex-Parte Order for Involuntary Assessment and Stabilization.

I understand that this Petition and Affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form, the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization.

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 belief and not given 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.

Done this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

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Petitioner Signature

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Print name

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Address

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Telephone

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Email Address

STATE OF FLORIDA                    )  
COUNTY OF SEMINOLE            )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

GRANT MALOY  
CLERK OF THE CIRCUIT COURT AND  
COMPTROLLER

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