

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

IN RE:

PROBATE DIVISION

CASE NO.: _____

**PETITION AND AFFIDAVIT SEEKING EX PARTE ORDER REQUIRING
INVOLUNTARY EXAMINATION**

I, _____, whose relationship to the Respondent is _____, respectfully request the entry of an ex parte order for involuntary examination, pursuant to Fla. Stat. 394.463(2)(a)1, of _____, residing at _____, at a receiving facility for the mentally ill as provided by law and in support of my petition would show unto the Court that I have personally observed the behavior and conduct of _____ and I have reason to believe that the person appears to meet the following criteria for involuntary examination:

1. There is reason to believe that the person has a mental illness as defined in Fla. Stat. 394.455(28), and because of his or her mental illness:

____(a) The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **OR**

____(b) The person is unable to determine for himself or herself whether examination is necessary; **AND**

2. Either: [Check (a) or (b)]

____(a) Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself, such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and 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**

____(b) There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Facts to support the need for involuntary examination: _____

I hereby petition the Court to enter an Ex-Parte Order for Involuntary Examination.

I understand that 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 mental health facility for examination.

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 not 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.

Done this _____ day of _____, _____.

Signature

Print Name

Address

Telephone

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