IN THE CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT

IN AND FOR BAY COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

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

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. I work as a: (Occupation) _____ Work Phone: (_____) _____

   Work Street Address: _____ City _____ ST _____ Zip _____

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

   Street Address: _____ City _____

   Street Address: _____ City _____

   Street Address: _____ City _____

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

   _____

3. (Check the one 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, neighborhood disputes, 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:_____

   _____

CONTINUED OVER

4. (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:_____

   _____

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

   _____

   _____

6. I have known the PERSON for _____ (how long).
   ☐ a. The PERSON has only recently displayed unusual kinds of behavior.
   ☐ b. The PERSON has, over a period of time, always acted in a strange manner.
   ☐ c. The PERSON's behavior has developed over a period of time.

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

7. I have seen the following behavior, which causes me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ ☐ am ☐ pm,
   Date Time
   I saw the PERSON: _____

   _____

   _____

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

   _____

   _____

   _____

9. ☐ To my knowledge or belief, ☐ I do ☐ I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

10. ☐ a. I have attempted to get the PERSON to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination): _____

    _____

    _____

    ☐ b. I did not try to get the PERSON to agree to a voluntary examination because: _____

    _____

    ☐ c. The PERSON refused a voluntary examination because: _____

    _____

CONTINUED

11. The following steps were taken to get the PERSON to go to a hospital for mental health care: _____

_____

_____

_____

These steps did not work because: _____

_____

_____

12. I believe that the PERSON is unable to determine for himself/herself, why the examination is necessary because:

_____

_____

_____

13. I believe that the PERSON has a mental illness which will keep the PERSON from being able to meet the ordinary demands of living because: _____

_____

_____

_____

14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/ herself, because: _____

_____

_____

15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:

_____

_____

_____

16. Can family or close friends now provide enough care to avoid harm to the PERSON? ☐ Yes ☐ No, If not, why?

_____

_____

_____

_____

CONTINUED OVER

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: Date of Birth:

Sex : ☐ Male ☐ Female Race: Attach a picture of the PERSON if possible. Picture attached: ☐ No ☐ Yes

Height: Weight: Hair Color: Eye Color:

Does the PERSON have access to any weapons? ☐ No ☐ Yes If yes, describe:

Is the PERSON violent now? ☐ No ☐ Yes Has the person been violent in the recent past? ☐ No ☐ Yes If Yes, Describe:

Does the PERSON have any pending criminal charges against him/her? ☐ No ☐ Yes If yes, describe:

GUARDIANSHIP:

1) Does the PERSON have a legal guardian? ☐ No ☐ Yes

2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? ☐ No ☐ 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: Name: Phone: ( )

MEDICATIONS: Provide name of medications if known.

CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, 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.

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, _____
Day Month Year

by _____ who is personally known

to me or presented _____ as identification.

_____
Notary Public - State of Florida

My Commission expires: Date_____

OR

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, _____
Day Month Year

Clerk of Circuit Court

_____ County, Florida

By: _____
Deputy Clerk

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany the person to the nearest receiving facility.

PRINT FORM