

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR MARTIN COUNTY, FLORIDA

IN RE: _____
_____ /

CASE NO: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

I, _____, being duly sworn, am filing

Print Name of Petitioner

this sworn statement requesting a Court Order for the 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 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: _____

4. (Check the one that applies)

___ a. I or a family member is 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

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

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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 _____ (date) at approximately _____ am/pm (time), I saw the PERSON: _____

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

9. _____ To my knowledge or belief, 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: _____

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 suffers from 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: _____

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

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

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: _____ Male _____ Female Race: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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

Is the PERSON violent now? _____ Has the person been violent in the recent past? _____ Describe: _____

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

Does the PERSON have any known communicable diseases? ___ No ___ Yes If yes, specify: _____

Does the PERSON have any insurance benefits which will pay for mental health treatment at a hospital? ___ No ___ Yes If yes, specify the closest facility at which the PERSON's benefits will pay: _____

Does the PERSON have a legal guardian or is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? ___ No ___ Yes If yes, provide the name, address, and phone number of the current or proposed guardian:

Name	Address	Phone Number
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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 criminal charge of perjury 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 (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification.

OR Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day of _____, 20___, by _____, who is personally known to me or who has produced _____ as identification.

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

Carolyn Timmann, Clerk of Circuit Court
Martin County, Florida

By: _____
Deputy Clerk

WORKSHEET

QUESTIONS ABOUT PATIENT

Name of Patient: _____

Address: _____

Phone Number:(H)_____ (W)_____

Place of Employment: _____

Date of Birth: _____ Hgt: _____ Wgt: _____ Sex: _____

Race: _____ Color of Hair: _____ Eyes: _____

Scars, Tattoos: _____

PETITIONER

Name: _____

Address: _____

Phone Number:(H)_____ (W)_____

Place of Employment: _____

Relationship to Patient: _____

If friend, how long have you known the patient? _____Yrs _____Mths

Is there any outstanding charges against the patient? _____Yes _____No

Date of Arrest: _____ Charge(s): _____

Is this the first Bakers Act for the Patient? _____Yes _____No

If not, date and place of action: _____

Is there any Probate or Domestic action taking place against the Patient? _____Yes _____No

If yes, Court date: _____ Judge: _____

Do you have guardianship over the patient? _____Yes _____No

Is the patient currently taking any type of medication? _____Yes _____No

If yes, list names of medication: _____

Has the patient seen a psychologist or physician? _____Yes _____No

Date last seen: _____ Doctor's Name: _____