

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2)

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 _____ 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
- 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 _____, 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:

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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?

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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	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: _____ ST: _____ 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 _____
 by _____ who is personally known
 to me or presented _____ as identification

 Notary Public – State of Florida
 My Commission expires: _____

OR

SWORN TO AND SUBSCRIBED before me
 This _____ day of _____, _____
 Diane M. Matousek, Clerk of the Circuit Court
 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.