IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT

IN AND FOR _____ 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
Print Name of Individual
INDIVIDUAL).

This petition and affidavit will be included in the INDIVIDUAL's clinical record and may be viewed by the INDIVIDUAL.

I understand that by filling out this form, the INDIVIDUAL 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 INDIVIDUAL 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 INDIVIDUAL:

   _____

   _____

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 INDIVIDUAL on _____ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described: _____

   _____

   _____

   ☐ b. This INDIVIDUAL ☐ 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 INDIVIDUAL.
   ☐ b. I or a family member am now, or was, involved in a court case with the INDIVIDUAL. This case is/was a _____ in _____
   Type of Case When

   Explain:_____

   _____

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

   _____

   _____

6. I have known the INDIVIDUAL for _____ (how long).
   ☐ a. The INDIVIDUAL has only recently displayed unusual kinds of behavior.
   ☐ b. The INDIVIDUAL has, over a period of time, always acted in a strange manner.
   ☐ c. The INDIVIDUAL'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 INDIVIDUAL will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ am pm,
   Date Time
   I saw the INDIVIDUAL:

   _____

   _____

   _____

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

   _____

   _____

   _____

9. ☒ To my knowledge, ☐ 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 INDIVIDUAL 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 INDIVIDUAL to agree to a voluntary examination because:

    _____

    _____

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

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

    _____

    _____

    _____

    These steps did not work because: _____

    _____

    _____

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

    _____

    _____

    _____

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

    _____

    _____

    _____

14. I believe that without care or treatment the INDIVIDUAL 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 INDIVIDUAL hurting himself or herself because:

    _____

    _____

    _____

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

    _____

    _____

    _____

    _____

CONTINUED OVER

Provide the following identifying information about the individual (if known) if it is determined necessary to take the individual into custody for examination:

County of Residence: Age:

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

Height: Weight: Hair Color: Eye Color:

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

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

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

GUARDIANSHIP:

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

2) Is there a pending petition to determine the INDIVIDUAL'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 individual to the receiving facility.

Sheriff
Lake County

Peyton C. Grinnell

360 West Ruby Street Tavares, Florida 32778
Phone 352-343-9500

INFORMATION ON RESPONDENT:

Name _____

Race: _____ Sex: _____ Date of Birth: _____

Eyes: _____ Height: _____ Weight: _____ Hair: _____

Scars, Marks, Tattoos: _____

(If possible, include a recent photo, color preferred)

Vehicle description(s) *(if possible, include tag numbers and work vehicles):* _____

_____

Home address/directions *(include relative or friend's address where respondent may stay)* ***(POST OFFICE BOXES AND ROUTE NUMBERS ARE NOT ACCEPTABLE):***

_____

_____

_____

Home telephone number: _____ **Cellular telephone number:** _____

Place of employment *(include address, directions, telephone number, normal working hours and occupation):*

_____

_____

Does subject have access to any type of firearm or weapon? Do you feel subject would use them? Is the subject prone to violence? _____

_____

Are there outstanding warrants against subject? _____

Is there a location the respondent is usually at? _____

****

PETITIONER'S NAME: _____

Physical address: _____

Telephone number: _____ Race: _____ Sex: _____

Date of Birth: _____

RECEIVED BY: _____

STATEMENT OF PETITIONER

RE: _____

CASE NO.:_____

Dated this _____day of _____,_____.

_____
Petitioner