IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR LAKE COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____
RESPONDENT

Petition for Involuntary Substance Abuse Assessment and Stabilization

I, _____, being duly sworn, am filing this sworn statement requesting a court order
Print Name of Petitioner
for the involuntary assessment of _____ (hereinafter referred to as Person).
Print Name of Person

Is the Person eighteen (18) years of age or older? ☐ **Yes** ☐ **No** Age of Person (if known): _____

The 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 hospital or licensed substance abuse facility for assessment and stabilization.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a. Petitioner lives at (print full residence address): Phone (including area code): ( ) -

Street Address City State Zip

b. The Person lives at, or may be found at:

Street Address City State Zip

Street Address City State Zip

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

3. I am on good terms with the Person at the present time (check one box). ☐ **Yes** ☐ **No** If "no", please explain:

4. Check the box that applies:

☐ a. I or a family member ☐ have ☐ 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 ☐ 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, neighborhood disputes, etc. as described:

☐ c. This Person ☐ has ☐ has not previously (or currently) been involved in criminal or delinquency charges.

5. Check the box that applies:

☐ a. I or a family member am 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:

6. I have known the Person for _____ (how long)

☐ a. The Person has only recently displayed behavior related to substance abuse.

☐ b. The Person has, over a period of time, had a substance abuse problem. Specify how long:

_____

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

☐ 7. I believe that the Person is substance abuse impaired because:

☐ 8. I believe that because of such impairment, the Person has lost the power of self-control with respect to substance abuse for these reasons:

☐ 9. I believe the Person is in need of substance abuse services by reason of substance abuse impairment because:

☐ 10. Without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself because:

☐ 11. Other similar behavior I have personally seen as follows:

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CHECK AND/OR ANSWER APPLICABLE SECTIONS:

12. ☐ a. I have attempted to get the Person to seek assistance for a substance abuse problem(s) as follows:

☐ b. I did not try to get the Person to agree to a voluntary assessment or treatment because:

☐ c. The Person refused a voluntary assessment or treatment because:

13. The name of the Person's attorney is (if any):

_____

Please 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: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Person if possible. Picture attached: ☐ **Yes** ☐ **No**

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does Person have access to any weapons: ☐ **Yes** ☐ **No**

If yes, please describe:

Is the Person violent now? ☐ **Yes** ☐ **No**

If yes, please describe:

Has the Person been violent in the recent past? ☐ **Yes** ☐ **No**

If yes, please describe:

Does the Person have any pending criminal charges against him/her? ☐ **Yes** ☐ **No**

If yes, please describe:

Does the Person have a legal guardian? ☐ **Yes** ☐ **No**

If yes, who? _____

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Is there a pending petition to determine the Person's capacity and to appoint a guardian? ☐ **Yes** ☐ **No**

If yes, provide the name, address and phone number of the current or proposed guardian:

Name: _____ Phone: ( ) - _____

_____

Address City State Zip

Physician's Name: _____ Phone: ( ) - _____

Provide name of medications, 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 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.

Signature of Petitioner: _____

Petitioner's signature can be verified by a Notary Public or by the Clerk of the Court	
SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____ by _____ who is personally known to me or presented _____ as identification. Notary Public – State of Florida My Commission expires: Date: _____	SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____ Clerk of Circuit Court _____ County, Florida. By: _____ Deputy Clerk

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