

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: _____

UCN: 52_____ **Reference Number:** _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

I, _____, being duly sworn, am filing this sworn statement requesting a court order
Print Name of Petitioner

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 box that applies)

a. I or a family member have or have not previously made allegations to law enforcement involving this PERSON on _____ (mm/dd/yyyy) 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 _____ (mm/dd/yyyy) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, etc. as described _____

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4. (Check the 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 (mm/dd/yyyy) 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: _____

continued

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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 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: _____

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 now provide enough care to avoid harm to the PERSON? YES NO If not, why?

continued

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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 (mm/dd/yyyy)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	attach a picture of the PERSON if possible	Picture attached: <input type="checkbox"/> no <input type="checkbox"/> yes
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, describe:	
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes		Has the patient been violent in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe:	
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, describe:			
GUARDIANSHIP			
1. Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2. Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? <input type="checkbox"/> No <input type="checkbox"/> 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 of case manager or case management agency, if known.			
Name: _____		Phone: (_____) _____	

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

OR

SWORN TO AND SUBSCRIBED before me
 this _____ day of _____, _____
 Day Month Year

By _____ who is personally known to me or
 presented _____ as identification

Ken Burke, Clerk of the Circuit Court and Comptroller
 Pinellas County Florida

Notary Public – State of Florida
 My commission expires: Date (mm/dd/yyyy) _____

By: _____
Deputy Clerk

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