

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT
IN AND FOR ORANGE/OSCEOLA COUNTY FLORIDA

IN RE: _____ CASE NO.: _____

**PETITION FOR INVOLUNTARY TREATMENT SERVICES AND EMERGENCY
EX PARTE PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION**

I, _____, under the Penalty of Perjury, **HEREBY**
Name of Petitioner

SWEAR/AFFIRM that I am the _____ of _____
Relationship to Respondent Name of Respondent

who is _____ years old, and the Respondent can be located at _____
Primary Address

or _____, and I have known the Respondent for
Secondary Address

_____, and have observed the Respondent's behavior and conduct and have reason
Months/Years
to believe that the Respondent is substance abuse impaired.

_____ **(CHECK IF APPROPRIATE)** I believe that because of such impairment or disorder,
the Respondent has lost the power of self-control with respect to substance abuse.

_____ **(CHECK IF APPROPRIATE)** I believe that the Respondent has inflicted or is likely to
inflict physical harm on himself or herself or others unless the court orders the involuntary
services.

_____ **(CHECK IF APPROPRIATE)** I believe the Respondent's refusal to voluntarily receive
care is based on judgment so impaired by reason of substance abuse that the respondent is
incapable of appreciating his or her need for care and of making a rational decision regarding
that need for care. (Note: A mere refusal to receive services is not enough to constitute a lack of
judgment.)

Explain by listing observations and other knowledge to support this (these) allegation(s):

Does an attorney presently represent the Respondent? (Circle one) YES / NO
If YES, please provide the full name, address, and telephone number of the attorney.

If NO, an attorney will be appointed to represent the Respondent.

Respondent's Identifying Features:

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____
HAIR COLOR: _____ EYE COLOR: _____ DOB: _____

Is the Respondent being treated for any medical or psychological conditions?

Provide the names and addresses of any of the Respondent's physician(s):

Has the Petitioner or a family member previously filed civil complaints or made criminal allegations to law enforcement involving the Respondent (to include accusations of Domestic Violence, Child Abuse, Child Neglect, Burglary or Trespassing, or Baker Act proceedings)?

(Circle one) YES/ NO:

If YES, list the dates and charges:

Has the Respondent or family members previously filed civil complaints or made criminal allegations to law enforcement involving the Respondent (to include accusations of Domestic Violence, Child Abuse, Child Neglect, Burglary or Trespassing, or Baker Act proceedings)?

(Circle one) YES/ NO:

If YES, list the dates and charges:

Has the Respondent been involved in criminal or juvenile delinquency charges other than involving the Petitioner or a family member? (Circle One) Yes/ No

If yes, list jurisdiction(s) and date(s):

Has the Respondent ever been physically or emotionally abused or suffered psychological or physical trauma? (Circle One) YES / NO

Is the Respondent or has the Respondent been a member of Law Enforcement (in any capacity), Emergency Medical personnel, or the United States Military (including Coast Guard)?

(Circle One) YES / NO

List of Institutions and dates served:

Please list all prior Marchman Act cases and hearings, if any. Please list the case numbers, locations of the hearings (county/state), dates, and results of the hearings.

Has the Respondent been declared incompetent? (Circle One) YES / NO

If yes, list jurisdiction(s) and date(s):

Is the Respondent violent now? (Circle one) YES/ NO.

Does the Respondent possess or have access to ANY weapons? (Circle one) YES/ NO.

Does the Respondent have a history of violence (not explained above)? (Circle one) YES/ NO.

If Yes, List Jurisdiction(s) and Date(s):

Does the Respondent need an interpreter? (Circle one) YES/ NO.

If yes, what language? _____

Petitioner's name, address, and phone number are:

Respondent's Spouse or Legal Guardian's name, address and phone number:

Respondent's Parent or Legal Guardian (if a juvenile) name, address and phone number:

Respondent's name, current address, last known location(s), and phone number:

I HEREBY SWEAR/AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT.

Petitioner

Printed Name

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and Subscribed Before Me By
Means of Physical Presence or Online Notarization this _____ day of
_____, 202__, by

_____, Who

Is Personally Known to Me or Produced Identification.

Type of Identification Produced: _____

Signature of Notary Public

Printed Name of Notary Public Administering Oath Pursuant to §117.03, Florida Statutes

IN THE NINTH JUDICIAL CIRCUIT COURT IN
AND FOR OSCEOLA COUNTY FLORIDA

Case No. _____

Plaintiff

V.

Defendant

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR A PARTY NOT REPRESENTED
BY AN ATTORNEY**

_____, requests to be excused pursuant to Fla.R. Gen.Prac.&Jud.
Admin 2.516(b)(1)(D) from the requirements of e-mail service because I am not represented by an
attorney and:

_____ I do not have an e-mail account.

_____ I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies
of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at
the following address _____

I understand that I must keep the clerk's office, and the opposing party or parties notified of my
current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read
the foregoing request and that the facts stated in it are true.

Dated: _____

Signature: _____

Print name: _____

Phone number: _____

IN THE NINTH JUDICIAL CIRCUIT COURT IN
AND FOR OSCEOLA COUNTY FLORIDA

Case No. _____

Plaintiff

V.

Defendant

NOTICE OF CHANGE OF MAILING ADDRESS OR DESIGNATED E-MAIL ADDRESS

I, _____ certify that my address has changed
to _____

I understand that I must keep the clerk's office, and any opposing party or parties notified of my current mailing address or e-mail address. I will file a written notice with the clerk if my mailing address or e-mail address changes again.

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the clerk of court for Osceola County and (Parties notice delivered to) _____

by (how was notice delivered) _____

On _____

Signature

Printed Name

E-mail Address

Address

Phone Number

SERVICE OF EX PARTE QUESTIONNAIRE

CASE #

PLEASE PRINT LEGIBLE

Respondent's Name: _____ Alias or Nicknames: _____

Male _____ Female _____ DOB: _____ Approx. Age: _____ Language: _____

Driver's License #: _____ Contact Phone #: _____

List of Social Media Accounts:

Facebook Username: _____ Instagram Username: _____

Snapchat Username: _____ Other Username: _____

Home Address: _____ Apt #: _____

City, State and Zip Code: _____ Name of Subdivision: _____

Place of Employment: _____ Work Phone #: _____

Street Address: _____ Suite # _____

City, State and Zip Code: _____ Office: _____ Field: _____

In Custody: YES: _____ NO: _____ Relation: _____ Spouse _____ Parent of Child _____

Stepparent _____ Other _____

Physical Description: Race: _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Tattoo(s) _____ NO _____ YES, if yes, give a brief description & location of

Tattoo(s): _____

Respondent's Vehicle Description: Year: _____ Make: _____ Model: _____ Color: _____

Tag # _____

Additional Information:

List any Dog(s), weapon(s), criminal history, drug/alcohol abuse about respondent:

If respondent cannot be located at home or place of employment, please provide additional location(s) for service such as: relatives, friends or hangout: Location Address:

Petitioner's Information:

Petitioner's Name: _____

Primary Phone # _____

Physical Address: _____

Secondary Contact Name: _____ Phone # _____

To my knowledge, I have supplied all pertinent information contained in this document. I understand that this information will be provided to the service law enforcement agency to assist with personal with personal service upon the respondent.

Signature: _____ Dated: _____