

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  
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

State

Zip Code

b. I work as a: (Occupation) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

\_\_\_\_\_

Work Street Address

City

State

Zip Code

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 (date) \_\_\_\_\_ such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc., as described:

\_\_\_\_\_  
\_\_\_\_\_

b. This PERSON  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:

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_  
Type of Case When

Explain: \_\_\_\_\_  
\_\_\_\_\_

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2 of 4)**

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  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:

\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 3 of 4)**

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

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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:

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14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/herself, because:

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15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:

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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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**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 4 of 4)**

<b>Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:</b>			
County of Residence:		Age:	
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 PERSON been violent in the recent 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:			
<b>GUARDIANSHIP:</b>			
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 (including city and zip):			
<b>PHYSICIAN:</b> Name:		Phone: ( )	
<b>MEDICATIONS:</b> Provide name of medications if known:			
<b>CASE MANAGEMENT:</b> 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 (month) \_\_\_\_, \_\_\_\_ (year)  
by \_\_\_\_\_ who is personally known  
to me or presented \_\_\_\_\_ as identification.

**OR**

SWORN TO AND SUBSCRIBED before me  
this \_\_\_\_ day of (month) \_\_\_\_, \_\_\_\_ (year)  
Clerk of Circuit Court for  
\_\_\_\_\_ County, Florida

\_\_\_\_\_  
Notary Public – State of Florida  
My Commission expires on \_\_\_\_\_

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 receiving facility.**



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

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

**DESIGNATION OF E-MAIL ADDRESS FOR A PARTY NOT REPRESENTED BY AN ATTORNEY**

Pursuant to Fla. R. Gen. Prac. & Jud. Admin 2.516(b)(1)(C), I, \_\_\_\_\_,  
\_\_\_\_\_, designate the e-mail address(es) below for electronic service  
of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and the opposing party or parties notified of my current e-mail address(es) and that all copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

\_\_\_\_\_  
Designated e-mail address

\_\_\_\_\_  
Secondary designated e-mail address if any

**CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to the clerk of court for Osceola County and

\_\_\_\_\_ by  
\_\_\_\_\_ on \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
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

\_\_\_\_\_  
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 (date of delivery)  
\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

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: \_\_\_\_\_

**CLERK'S DETERMINATION**

Based on the information provided in this request, I have determined that the applicant is \_\_\_  
excused or \_\_\_ not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud. Admin.  
2.516(b)(1)(C).

Dated: \_\_\_\_\_

Signature of the Clerk of Court: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to the clerk of court for Osceola County and

\_\_\_\_\_

\_\_\_\_\_

by \_\_\_\_\_ on \_\_\_\_\_.

**Sign here if you want the Judge to review the clerk's determination that you are not  
excused from the e-mail service requirements. You do not waive or give up any right to judicial  
review of the clerk's determination by not signing this party of the form:**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_