

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

IN RE: THE MATTER OF \_\_\_\_\_

CASE: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

**PETITION FOR INVOLUNTARY TREATMENT FOR SUBSTANCE ABUSE**

COMES NOW, the Petitioner, \_\_\_\_\_ and alleges as follows:

1. This is a petition for an order compelling involuntary treatment of a person allegedly abusing substances and is brought pursuant to the provisions of the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, **Florida Statute** 397.301 (1993) et seq.

2. The name(s) of the Petitioner(s) who is/are sui juris and their relationship to the Respondent are listed below:

Name	Relationship to Respondent
_____	_____
_____	_____
_____	_____

3. The Respondent is a resident of Pasco County, Florida.

4. The Respondent's date of birth is \_\_\_\_\_ and is \_\_\_\_\_ years old.

5. The Respondent:

☐ Has an attorney whose name is \_\_\_\_\_  
and whose address and phone number is \_\_\_\_\_

☐ Does not, to Petitioner's knowledge, have an attorney. Petitioner(s) believe(s) that:

☐ Respondent does have the ability to afford an attorney.

☐ Respondent does not have the ability to afford an attorney.

Petitioner(s) believe(s) this based upon the following factors:

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

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6. Petitioner(s) believe(s) that respondent is substance abuse impaired as:

- a. Respondent utilizes the following substances (describe what substance(s) and the factual basis for Petitioner's belief):

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- b. That Petitioner(s) believe(s) that said substances induce mental, emotional, or physical problems in the Respondent such that (describe factually what problems exist):

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- c. Petitioner(s) believe(s) that these substances effect the Respondent's behavior in that (describe factually what behavior has been seen by Petitioner(s):

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7. As a result of Respondent's substance abuse, the Petitioner(s) believe(s) that Respondent has lost the power of self-control with respect thereto in that Respondent:

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8. The Petitioner(s) believe(s) that Respondent has:

- a. ☐ Inflicted or is likely to inflict physical harm on himself/herself or others unless admitted. The facts to support this conclusion are as follows:

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- b. Respondent's judgment has been impaired by substance abuse. As such the Respondent is incapable of appreciating the need for care or making a rational decision regarding care. The facts supporting this conclusion are as follows:

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\_\_\_\_\_

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9. The Respondent has been:

- a. ☐ Placed under protective custody pursuant to the provisions of Florida Statute 397.677 on \_\_\_\_\_  
(date)

by \_\_\_\_\_ and was  
(law enforcement agency)  
taken to \_\_\_\_\_  
(name of facility)

- b. ☐ Subject to an emergency admission under the provisions of Florida Statute 397.679 by \_\_\_\_\_  
(name of person initiating

\_\_\_\_\_ emergency admission) \_\_\_\_\_ (name of physician)  
having issued the certificate for emergency admission.

- c. ☐ Assessed by \_\_\_\_\_,  
(name of person conducting assessment)  
a qualified professional pursuant to law, on \_\_\_\_\_.  
(date)

- d. ☐ Subject to involuntary assessment and stabilization pursuant to the provisions of Florida Statute 397.6818 by petition filed on \_\_\_\_\_ with order entered  
(date)  
on \_\_\_\_\_ at \_\_\_\_\_  
(date) (county and case number)

- e. ☐ Subject to alternative involuntary admission pursuant to provisions of Florida Statute 397.6821 on \_\_\_\_\_ at which time the Respondent was:  
(date)

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

10. Petitioner(s) believe(s) that assessment and stabilization of the Respondent is available within the meaning of law, including provisions relating to the payment for services at the following facility: \_\_\_\_\_  
(name and address of facility)

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

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\_\_\_\_\_

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DIVISION: \_\_\_\_\_

WHEREFORE, Petitioner(s) pray(s) for an Order authorizing involuntary assessment and stabilization of the Respondent.

Respectfully submitted,

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

Sworn to (or affirmed) and subscribed before me this: \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
by: (Name of Petitioner) \_\_\_\_\_ who is personally known by  
me \_\_\_\_ or has produced the following form of identification: \_\_\_\_\_ and  
by: (Name of Petitioner) \_\_\_\_\_ who is personally known by  
me \_\_\_\_ or has produced the following form of identification: \_\_\_\_\_  
and by: (Name of Petitioner) \_\_\_\_\_ who is personally known by  
me \_\_\_\_ or has produced the following form of identification: \_\_\_\_\_.

By: \_\_\_\_\_  
Deputy Clerk

Office of Nikki Alvarez-Sowles, Esq.  
Pasco County Clerk & Comptroller

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My commission Expires: \_\_\_\_\_