IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT IN AND FOR FLAGLER COUNTY, FLORIDA

IN RE: _		CASE NO.:			
	PETITION AND AFFIDAVIT SEEKING EX F	PARTE ORDER REQUIRING INVOLUNTARY EXAMINATION			
		, being duly sworn, am filing this sworn statement			
	g a court order for the involuntary exami				
		(hereinafter referred to as PERSON).			
This petition	on and affidavit will be included in the P	ERSON'S clinical record and may be reviewed by the PERSON.			
I understa for an exa		ON may be taken by law enforcement to a mental health facility			
I SWEAR tl knowledge	<u> </u>	ons are given honestly, in good faith, and to the best of my			
1. a. I liv	ve at (Full Residence Address and Phone	Number) Phone No. ()			
Str	reet:	City:			
Sta	ate: Zip Code:				
b. I w	b. I work as a:				
Wo	ork address:	City:			
Sta	ate: Zip Code:	Work Phone No.()			
c. The	e PERSON lives at, or may be found at, tl	he following address(es):			
Str	eet Address:	City:			
Str	eet Address:	City:			
Str		City:			
2. I have	e the following relationship with the PER	SON:			
3. (Chec	k the one box that applies)				
	involving this PERSON on	r have not previously made allegations to law enforcement such as domestic violence,			

		b. This PERSON has or has not previously made allegation my family on, such	
		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 in	nvolved in a court case with the
		person.	The DEDCON This was information
		b. I or a family member am now, or was involved in a court case with	the PERSON. This case is/was a:
	Explair	n:	
5.	I am or	n good terms with the PERSON at the present time. Yes No. I	f no, explain:
_		L	
6.		known the PERSON for	
		 b. The PERSON has, over a period of time, always acted in a strange m 	anner.
		c. The PERSON'S behavior has developed over a period of time.	
со	MPLET	E THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:	
7.		seen the following behavior, which causes me to believe that there is use bodily harm to himself/herself or others. On	
		cimately , I saw the PERSON:	αι

8.	(Other similar behavior I have personally seen is as follows:
9.	de	my knowledge or belief, ldo ldo not believe these actions were a result of retardation, velopmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse pairment.
CHE	СК А	ND/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). 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:
	Thes	se steps did not work because:

12.	I believe the PERSON is unable to determine for himself/herself, why the examination is necessary because:
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:
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 or herself because:
16.	Can family or close friends now provide enough care to avoid harm to the PERSON? Yes No. If not, why?

Provide the following indentifying information about the person (if known) because it may be determined necessary to take the person into custody for examination.				
County of Residence:	-	l Security #		
Date of Birth:	Sex: Male Female	Race:		
Picture of respondent attach	ed: No Yes			
Height: Weight:	Hair Color:	Eye Color:		
Does the PERSON have acces	s to any weapons? No	Yes If yes, describe:		
Is the PERSON violent now?	□No □Yes			
Has the PERSON been violen	Has the PERSON been violent in the recent past? No Yes. If yes, describe:			
Guardianship:				
1) Does the PERSON have a	legal guardian? No	Yes		
2) Is there a pending petition No Yes	on to determine the PERSON'S	S capacity and for the appointi	ment of a guardian?	
If YES to either of the above,	provide the name, address a	nd phone number of the curre	nt or proposed guardian.	
Name:		Phone: ()		
Address:	City:	ST: Zip:		
Physician Name:		Phone: ()	
Medications: Provide name				
Case Management: 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	OR	SWORN TO AND SUBSCRIBED before me this
this,		day of
by		·
who is personally known to me or presented		Tom Bexley Clerk of the Circuit Court & Comptroller
as identification.		
		By: Deputy Clerk
Notary Public – State of Florida		
My commission expires:		

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