

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

IN RE

\_\_\_\_\_  
Respondent.

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

**PETITION FOR INVOLUNTARY TREATMENT SERVICES**  
(Marchman Act – Chapter 397)

I, \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior of \_\_\_\_\_, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under chapter 397 of the Florida Statutes (2024), and allege:

1. Respondent is  an adult  a minor.
2. Petitioner alleges that Respondent reasonably appears to meet the criteria for involuntary admission as provided section 397.675 of the Florida Statutes (2024) based upon the following:

(a) Respondent is substance abuse impaired, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **AND**

(b) Because of such impairment, Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **AND**

(c) \_\_\_\_\_ Respondent has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **OR**

\_\_\_\_\_ 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/her need for care and making a rational decision regarding his/her need for care, as evidenced by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Petitioner further alleges, if applicable:

Respondent has been placed under protective custody pursuant to section 397.677 within the previous 10 days;

Respondent has been subject to an emergency admission pursuant to section 397.679 within the last 10 days; or

Respondent has been assessed by a qualified professional within the last thirty (30) days

4. Respondent is:

Represented by an attorney:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Not represented by an attorney.

Unknown whether Respondent is represented by an attorney.

5. Respondent:

Has assets sufficient to pay attorney fees.

Does not have assets sufficient to pay attorney fees.

Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. Respondent:

has been assessed by a qualified professional within the last thirty (30) days.

The certificate or report is attached.  Yes  No

has not been assessed before the filing of this Petition.

refused to submit to an evaluation.

7.  THERE IS AN EMERGENCY AND PETITIONER REQUESTS AN *EX PARTE* ORDER FOR ASSESSMENT AND STABILIZATION. Please provide in detail the Respondent's exigent circumstances.

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8. Relationship of Petitioner to Respondent: \_\_\_\_\_

Petitioner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION REGARDING RESPONDENT FOR LAW ENFORCEMENT**

**(Provide the following identifying information about the person (if known))**

Respondent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Picture Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Distinguishing Features (prominent scars, tattoos, piercings, hair color or style): \_\_\_\_\_

\_\_\_\_\_

Does the Respondent have access to firearms or weapons: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Has this person been violent recently: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is the Respondent homeless: \_\_\_\_\_ If yes, please list address, business or area where the

Respondent can be located: \_\_\_\_\_

\_\_\_\_\_

Does the Respondent take any medications: \_\_\_\_\_ If known, please list medication(s) and the

name of the treating physician: \_\_\_\_\_

\_\_\_\_\_

I HEREBY petition the court for entry of an Order for Involuntary Services for the Respondent, and under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_

**Petitioner's Signature**

STATE OF FLORIDA

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

Signed on \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization on (date) \_\_\_\_\_, 20\_\_\_\_ by (affiant name)\_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or Tom W. Bexley, Clerk of the  
Circuit Court, by DEPUTY CLERK

\_\_\_\_\_  
{Print, type, or stamp commissioned name of  
notary or clerk}

\_\_\_\_\_ Personally known, OR

\_\_\_\_\_ Produced identification; Type of identification produced/ID# \_\_\_\_\_