

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR ALACHUA COUNTY, FLORIDA

IN RE: \_\_\_\_\_ Case No.: \_\_\_\_\_

**EMERGENCY PETITION AND AFFIDAVIT FOR INVOLUNTARY SUBSTANCE  
ABUSE ASSESSMENT AND STABILIZATION**  
*Florida Statute Chapter 397 [Marchman Act]*

**PLEASE PRINT LEGIBLY OR TYPE**

I (We), \_\_\_\_\_, being duly sworn, am (are) filing this sworn statement requesting a court Order for Involuntary Substance Abuse Assessment under the Marchman Act of \_\_\_\_\_, (“Respondent”)

Is the person 18 years of age or older? Yes No Age of person (if known) \_\_\_\_\_

**I understand this Petition and Affidavit will be included in the Respondent’s clinical record and will be provided to the Respondent. If this petition is granted, law enforcement may take the Respondent to a hospital or licensed substance abuse facility for assessment and stabilization. I swear that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.**

The **Petitioner** may be contacted at *(if reporting in a professional capacity, use your work address):*

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Email will be used for service of court orders – please check regularly, including your spam filter.*

The **Respondent** lives at or may be found at:

Street Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

*The court cannot enter an emergency order for a person who is currently incarcerated, in a treatment center, hospitalized, not in this county, or whose whereabouts are unknown.*

**1. Exigent Circumstances.** Petitioner(s) is(are) seeking court-ordered involuntary assessment and stabilization under F.S. 397.6818 based on the good faith belief that the person is substance abuse impaired and allege that exigent circumstances require the issuance of an ex parte order. **Explain why you believe the Court should treat this as an emergency. You must include dates and specific recent events:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. I have the following relationship with the Respondent:** *(Check all that apply)*

- \_\_\_\_\_ Spouse
- \_\_\_\_\_ Legal Guardian (if court-appointed provide case no.) \_\_\_\_\_
- \_\_\_\_\_ Friend or Relative \_\_\_\_\_ (specify)
- \_\_\_\_\_ Service Provider \_\_\_\_\_ (specify)

3. Are you presently on good terms with the Respondent? If not, explain why: \_\_\_\_\_

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4. In the last 5 years, have there been any criminal cases, injunctions, divorce, eviction, or family law proceedings involving the Respondent? If yes, provide the type of case, case number, and location of the Court: \_\_\_\_\_

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5. Have you or a family member previously made allegations to law enforcement involving the Respondent? If yes, specify: \_\_\_\_\_

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6. Has the Respondent previously made allegations to law enforcement about you or another family member such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc.? If yes, describe: \_\_\_\_\_

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7. I have known the Respondent for \_\_\_\_\_ (how long).

\_\_\_ The Respondent has only recently displayed behavior related to substance abuse impairment.

\_\_\_ The Respondent has, over a period of time, had a substance abuse impairment or disorder.

If so, specify how long: \_\_\_\_\_

8. Does the Respondent require an interpreter? If yes, specify language: \_\_\_\_\_

9. Does the Respondent have a co-occurring mental health condition? If yes, explain including the diagnosis, any treatment, and whether they are taking any medication: \_\_\_\_\_

10. Do you believe the Respondent is substance abuse impaired? Defined in § 397.311(19), F.S., as a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or cause socially dysfunctional behavior. If yes, explain and include dates and specific events: \_\_\_\_\_

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11. Do you believe that because of such impairment, the Respondent has lost the power of self-control with respect to substances? If yes, provide examples of specific recent events, including dates. \_\_\_\_\_

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12. Do you believe the Respondent needs substance abuse services and, because of substance abuse impairment, their judgment has been so impaired that they are incapable of appreciating the need for such services and of making a rational decision in that regard? If yes, explain. \_\_\_\_\_

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13. Has the Respondent inflicted, threatened, or attempted to inflict physical harm on themselves or others? Or, do you believe, unless admitted, they are likely to do so? If so, explain and include dates and specific events: \_\_\_\_\_

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14. Do you believe that without treatment, the Respondent is likely to suffer from neglect or refuse to care for themselves to the extent that it poses a real and present threat of substantial harm to their wellbeing? If so, explain and include dates and specific events: \_\_\_\_\_

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15. Could harm or neglect be avoided through the help of willing, able, and responsible family members or friends or providing other services? Explain: \_\_\_\_\_

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16. Have you attempted to get the Respondent to seek assistance for a substance abuse problem? Explain past attempts, if the Respondent has refused, or the reasons you did not try: \_\_\_\_\_

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17. Does the Respondent have access to any weapons? If yes, please describe the type of weapon(s) and their location(s): \_\_\_\_\_

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18. Is the Respondent currently acting violently or have they been violent toward anyone including law enforcement in the recent past? If yes, please describe: \_\_\_\_\_

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19. Does the Respondent have a medical provider who is familiar with their condition? If yes, list the name of the physician's office or facility, dates of service, and any current medications: \_\_\_\_\_

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20. Does the Respondent have a Legal (court-appointed) Guardian or a pending proceeding to determine incapacity? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown. If yes, provide the court location and case number and the name, address and phone number of the current or proposed guardian along with a copy of the Letters of Guardianship if issued. Court Case No: \_\_\_\_\_

Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

21. Is there anything else you would like the court to know? You may attach additional pages if needed. The court cannot consider anything that is not contained in or attached to this petition or is illegible. \_\_\_\_\_

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

**I UNDERSTAND I AM ONLY REQUESTING THE COURT ORDER EMERGENCY ASSESSMENT AND STABILIZATION. I MUST PETITION THE COURT WITHIN 14 DAYS OF ASSESSMENT IF I WISH THE COURT TO TAKE FURTHER ACTION.**

**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. ANY INFORMATION IN THIS SWORN STATEMENT THAT IS NOT TO THE BEST OF MY PERSONAL KNOWLEDGE AND NOT DONE IN GOOD FAITH MAY EXPOSE ME TO A PENALTY FOR PERJURY AND OTHER POSSIBLE PENALTIES UNDER 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 Petitioner: \_\_\_\_\_

The petitioner's signature must be verified by a Notary Public or by the Clerk of Court	
STATE OF _____ COUNTY OF _____ Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization on (date) _____, 20____ by (affiant name)_____  _____ Notary Signature  [seal]	SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____, by _____, who produced _____ as identification.  By: _____ Deputy Clerk  [seal]