

Instructions for Requesting Involuntary Services

(The following is for informational purposes only and does not constitute legal advice)

The Hal S. Marchman Act, Florida Statute 397.01 et seq. (1993), has been passed by the Florida Legislature to address issues of substance and alcohol abuse. The Marchman Act supports substance abuse prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse. The Respondent has certain rights and these rights will be upheld.

1. The Petitioner must complete all parts of the PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES and file it with the Brevard County Clerk of Court. Please provide detailed factual allegations based on first-hand knowledge (your own observations of the Respondent's behavior and statements). If your handwriting is not legible, the Petition will be denied. You must swear that all the information provided is true and correct. Thus **do not sign the Petition until you are in the presence of a notary or Deputy Clerk.**
 - a. Petition filed with an Assessment: The Petition may be filed with a substance abuse assessment, a report, or certificate by a qualified professional that was conducted within 30 days before filing. A hearing will be scheduled within 10 court working days of the filing of the Petition. The assessment should be filed with the Petition or the Petitioner must make sure the assessment is filed with the court by the facility.
 - b. Petition filed without an Assessment: If no assessment was done by a qualified professional prior to filing the Petition, a hearing will be scheduled within 10 court working days of the filing of the Petition. The Petitioner may request an Order for assessment and stabilization at the hearing or, if an emergency exists, the Petitioner may request in the Petition that an emergency order for assessment and stabilization be executed without a hearing.
2. The Petitioner is responsible for finding an approved licensed service provider to conduct a clinical assessment that complies with Florida Statute section 397.6957 or to provide appropriate treatment. The Petitioner must confirm with the facility the date and time that it is willing to receive the

Respondent for assessment or treatment and must arrange for payment. **Assessment and Treatment must be paid for by the Respondent or the Respondent's family.** Each program has their own structured fees. The Florida Legislature has not provided any funds to the Court to assist Respondents or their families with payment for assessment or treatment.

TO FIND A FACILITY: A treatment locator is available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website at <https://findtreatment.gov>. The petitioner must contact the facility and confirm that it is a Marchman receiving facility.

3. There is no fee to file the Petition.
4. The Petitioner has the responsibility of attending all court hearings related to the Petition unless excused by the Judge. At the hearing, the Petitioner has the burden of proof and must present evidence, including documents, witnesses, and expert witnesses. The petitioner must attempt to obtain the Assessment and, if obtained, provide it to the Court before the hearing. If the Assessor's testimony is needed at the hearing, the Petitioner must contact the facility to ensure that the Assessor will attend the hearing. **The Petitioner is not entitled to a court-appointed attorney.**

You MUST return the next business day to the closest Clerk's office with a valid form of identification to obtain a copy of your Order. You can NOT call as these cases are confidential.

I will return to pick up a copy of the Order: _____

I will designate an email address: _____

Petitioner's Signature

Date

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA

DIVISION: MENTAL HEALTH

Case Number: 05 - - MH - -XXMH-BC

IN RE:

CLOCK IN

MARCHMAN ACT - MEMORANDUM TO LAW ENFORCEMENT

MENTAL HEALTH NO.: N/A
DOB: _____ AGE: _____ SS#: _____
PHONE NUMBER(S): _____
SECONDARY ADDRESS: _____
RACE: _____ SEX: ☐ Male ☐ Female
HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____
COMPLEXION: _____
MARKS/FEATURES: _____
DRIVES? ☐ Yes ☐ No
MAKE OF AUTOMOBILE: _____
LICENSE NO.: _____

REMARKS: VIOLENT? ☐ Yes ☐ No
ANY WEAPONS? ☐ Yes ☐ No
WHAT TYPE? _____

PETITIONER'S NAME: _____
STREET ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE NUMBER(S): _____
RELATIONSHIP TO PATIENT: _____
ALTERNATE MAILING ADDRESS: _____

Transport to one of the nearest facilities listed below:

Circles of Care, 400 E. Sheridan Rd., Melbourne, FL (321)722-5200 (Minors)

Circles of Care, 880 Airport Rd./Martin Luther King, Jr. Blvd., Melbourne FL (321)914-0644 (Adults)

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR Brevard COUNTY, FLORIDA

IN RE: _____

CASE NO: _____

(Respondent)

PETITION FOR INVOLUNTARY TREATMENT

By authority of Chapter 397, Florida Statutes

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 Florida Statutes Section 397, and allege:

1. Respondent is ☐ an Adult or ☐ a Minor
2. Petitioner's relationship to the Respondent is:
☐ Spouse ☐ Parent (MINOR)
☐ Guardian ☐ Legal Guardian (of minor)
☐ Relative ☐ Director of Licensed Service Provider
☐ An adult who has direct personal knowledge of the Respondent's substance abuse impairment and his/her prior course of assessment and treatment.
3. Petitioner alleges in good faith that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:
 - (a) Describe the reasons why the Petitioner believes that the Respondent is substance abuse impaired:

 - (b) Describe the reasons why because of their impairment the Respondent has lost the power of self-control with respect to substance abuse.

_____ AND

- (c) ☐ If you believe the Respondent has already inflicted physical harm on him/herself or others **OR** there is a substantial likelihood that the Respondent will inflict physical harm on him/herself or others, describe in detail why you believe there is a risk of harm (or what harm has already occurred).

OR

- ☐ The 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 or her need for care and of making a rational decision regarding that need for care.

If you believe the Respondent's judgment is so impaired due to substance abuse, provide examples to show how the Respondent cannot appreciate his or her need for care.

4. This Petition may be accompanied by a certificate or report of a qualified professional who has examined the Respondent within the last thirty (30) days.

The certificate or report must include the qualified professional's findings regarding the Respondent's assessment and treatment recommendations.

If the Respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.

Has the Respondent been assessed within the last thirty (30) days?
(Circle answer) YES / NO.

If YES, attach a copy of the certificate or report, which must include the qualified professional's findings relating to the assessment of the Respondent and treatment recommendations.

If NO, the Respondent has not been assessed within thirty (30) days of the filing of the present treatment petition or refused to submit to an evaluation, explain why:

5. Are you requesting an ex parte assessment and stabilization order be entered due to an emergency?
- ☐ Yes
- ☐ No

If yes, please describe in detail the Respondent's emergency circumstances. Include the reasons why the court should enter an order requiring the Respondent be taken into custody and delivered to the nearest appropriate licensed provider for an evaluation.

Does an attorney presently represent the Respondent? (Circle one) YES / NO

If YES, please provide the full name, address, and telephone number of the attorney.

If NO, an attorney will be appointed to represent the Respondent.

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK

I understand that any information in this sworn statement which is not to the best of my knowledge and not 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 Petitioner: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

I HEREBY SWEAR/AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Petitioner _____

Printed Name _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or Affirmed) and Subscribed Before Me this _____ day of _____, 20__

by _____, Who ☐ Is Personally Known to Me or ☐ Produced
Identification or ☐ Is Physical Presence or ☐ Online Notarization

Type of Identification Produced: _____

Signature of Notary Public _____

_____ Printed Name of Notary Public
Administering Oath Pursuant to §117.03, Florida Statute

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**PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:
(NOT REQUIRED AS PART OF PETITION)**

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Respondent if possible. Picture attached: ☐ YES ☐ NO

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

1. Does Respondent have access to any weapons: ☐ YES ☐ NO ☐ UNKNOWN
If yes, please describe: _____

2. Is the Respondent violent now? ☐ YES ☐ NO ☐ UNKNOWN
If yes, please describe: _____

3. Has the Respondent been violent toward anyone, including law enforcement, in the recent past? ☐
YES ☐ NO ☐ UNKNOWN
If yes, please describe: _____

WHERE IS THE RESPONDENT EMPLOYED? (If applicable)

(Name of Company and Address)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?

☐ YES ☐ NO If yes, Guardian's Name _____
(Guardian's Full Mailing Address and Phone Number)

DOES THE RESPONDENT HAVE ANY CRIMINAL CHARGES PENDING? ☐ YES ☐ NO ☐ UNSURE

IS THE SUBJECT CURRENTLY INCARCERATED? ☐ YES ☐ NO ☐ UNSURE

IS THE SUBJECT CURRENTLY ON PROBATION? ☐ YES ☐ NO ☐ UNSURE

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE? ☐ YES ☐ NO ☐ UNSURE

IS THERE ANY PENDING BAKER ACT CASE? ☐ YES ☐ NO ☐ UNSURE

IS THERE ANY PENDING DEPENDENCY CASE? ☐ YES ☐ NO ☐ UNSURE

IS THIS PERSON A VETERAN.....☐ YES ☐
NO ☐ UNSURE

DOES THE RESPONDENT REQUIRE AN INTERPRETER? IF SO, WHAT LANGUAGE?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

Petitioner,

and

Respondent.

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name}, _____, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____

{Apartment, lot, etc.} _____

{City}, _____, {State}, _____, {Zip} _____

{Telephone No.} _____ {Fax No.} _____

E-MAIL ADDRESS:

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

Secondary e-mail address No.1:

Secondary e-mail address No. 2:

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was [check all used] ☐ e-mailed ☐ mailed ☐ faxed
☐ hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I HAVE READ EVERY STATEMENT MADE IN THIS DOCUMENT AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-Mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} ☐ Petitioner ☐ Respondent

This form was completed with the assistance of:

{name of individual} _____
{name of business} _____
{street} _____
{city} _____, {state} _____, {zip code} _____, {telephone number} _____