

CASE NO.: _____

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE, GUARDIANSHIP, MENTAL HEALTH AND TRUST DIVISION**

IN RE: _____
Respondent's name (First, Middle, Last)

Age _____
DIVISION: Z

**PETITION FOR INVOLUNTARY SUBSTANCE ABUSE TREATMENT
(Marchman Act)**

I/We, _____,
Petitioner #1 name (First, Middle, Last) Relationship to Respondent

I/We, _____,
Petitioner #2 name (First, Middle, Last) Relationship to Respondent

I/We, _____,
Petitioner #3 name (First, Middle, Last) Relationship to Respondent

request this Court enter an Order granting this Petition for Involuntary Substance Abuse Treatment

being filed on _____ based on the following facts:
Respondent's name (First, Middle, Last)

- 1. The Respondent meets the requirements of involuntary treatment pursuant to Section 397.693, Florida Statute (2019) in that the Respondent meets the criteria for involuntary admission and
- 2. **CHECK ONLY ONE** regarding the Respondent:
 - _____ has been assessed by a qualified professional within the past 10 days.
 - _____ has been the subject of an emergency admission in the past 10 days.
 - _____ has been placed under protective custody in the past 10 days.
- 3. The Respondent has lost the power of self-control with respect to the substance abuse because:

4. The Petitioner believes the Respondent has, or is likely to, harm themselves or others unless ordered to treatment because:

5. Petitioner believes Respondent's refusal to accept voluntary care is because their judgment is impaired by virtue of the substance abuse and therefore they cannot appreciate the need for care as evidenced by:

6. Either the Petitioner(s) or a family member has previously made allegations to law enforcement, or the court, involving the Respondent. Please include descriptions of the incidents, parties involved, and dates of the incidents:

7. The Respondents has previously made allegations to law enforcement, or the court, involving the Petitioner(s) or a family member. Please include descriptions of the incidents, parties involved, and dates of the incidents:

8. The Petitioner(s) believe the Respondent is substance abuse impaired **primarily** because of:
Choose **ONLY ONE** Alcohol Drugs

9. Does the Respondent have an attorney Yes No Unknown

10. Name of Respondent's attorney, if known _____

11. Does the Respondent require an interpreter? _____. If yes, what language? _____

12. Does the Petitioner(s) require an interpreter? _____. If yes, what language? _____

13. By filing this Petition for Involuntary Substance Abuse Treatment, the Petitioner(s) is stating the following:

- Petitioner has personal knowledge of the Respondent's substance abuse.
- Respondent has refused voluntary substance abuse treatment.

PETITIONER(S) INFORMATION
Please do not sign until the clerk swears you in

#1 Petitioner PRINT full name

#2 Petitioner PRINT full name

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

City State ZIP Code

City State ZIP Code

()
Petitioner's telephone number

()
Petitioner's telephone number

Signature of Petitioner

Signature of Petitioner

#3 Petitioner PRINT full name

#4 Petitioner PRINT full name

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

Petitioner's COMPLETE address
(Apt #, Trlr #, Lot #, etc)

City State ZIP Code

City State ZIP Code

()
Petitioner's telephone number

()
Petitioner's telephone number

Signature of Petitioner

Signature of Petitioner

SWORN AND SUBSCRIBED before me
this _____ day of _____, _____

By: _____
As Deputy Clerk

SUBJECT/RESPONDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____
(First, Middle, Last)

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

PHONE# _____ COUNTY OF RESIDENCE _____

MAILING/HOME ADDRESS:

1. _____
(Street) (Apt #, Trlr #, Lot #, etc) (City& State) (Zip Code)

ADDITIONAL ADDRESSES:

2. _____
(Street) (Apt #, Trlr #, Lot #, etc) (City& State) (Zip Code)

3. _____
(Street) (Apt #, Trlr #, Lot #, etc) (City& State) (Zip Code)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?
 Yes No

HAS THE RESPONDENT EVER BEEN **CONVICTED** OF ANY TYPE OF SEXUAL OFFENSE?
 Yes No

IS THE SUBJECT CURRENTLY INCARCERATED..... YES NO
IS THE SUBJECT CURRENTLY ON PROBATION? YES NO
IS THERE ANY PENDING DOMESTIC VIOLENCE CASE? YES NO
IS THERE ANY PENDING BAKER ACT CASE? YES NO
IS THERE ANY PENDING DEPENDENCY CASE? YES NO

ABOVE INFORMATION PROVIDED BY:

Acknowledgement

Please be advised that we cannot provide **any** information as to Marchman Act cases, including case status or court dates, via telephone, email, or fax. In order to obtain court dates or copies you **MUST BE** the Petitioner(s), Respondent, or Attorney of Record on the case and **MUST COME IN PERSON** and provide legal photo identification; current driver's license, passport, or state issued identification card. Copies of identification are not accepted.

There will be no exceptions

First Petitioner's Name (Print & Sign Name)

Date

Second Petitioner's Name (Print & Sign Name)

Date

Third Petitioner's Name (Print & Sign Name)

Date