

EX PARTE ORDER - MARCHMAN ACT

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ACTS Program (813) 367-2565

IMPORTANT - PLEASE READ!

IF YOUR PETITION IS NOT PROPERLY COMPLETED YOUR ORDER WILL NOT BE GRANTED!

WHAT IS A MARCHMAN ACT? A Marchman Act is the procedure for providing a person with emergency services and temporary detention for substance abuse assessment and treatment when required, who is impaired because of his/her substance abuse, and who is unable to determine his or her need for such services is necessary; has lost the power of self-control with respect to substance use; and who is likely to inflict, or threatened or attempted to inflict harm to themselves or others.

Marchman Acts in DeSoto County can be initiated by a Circuit Court Judge's ex parte order through the enclosed **PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION** executed by **any three (3) adults** who have personal knowledge of the person's substance abuse impairment; and a Law Enforcement Officer may take a person to the treatment facility if there is reason to believe that the person's behavior meets admission criteria.

KNOWINGLY MAKING A FALSE STATEMENT IN A SWORN PETITION IS A MISDEMEANOR OF THE FIRST DEGREE PUNISHABLE AS PROVIDED IN F. S. 775.082.

Before proceeding with a Marchman Act, consider the use of alternatives that may be more appropriate for the situation. The other alternatives are: Baker Act for mental illness (F.S. 397); developmental disabilities (F.S. 393); adult abuse, neglect and exploitation (F.S. 415.1051); guardianship (F.S. 744); and advance directive (F.S. 765) (for information on Alzheimer's, area agencies on aging, elderly services throughout the state and other resources, visit the Florida Department of Elder Affairs website. (<http://elderaffairs.state.fl.us>))

A MARCHMAN ACT CAN BE EITHER VOLUNTARY OR INVOLUNTARY.

A **voluntary** Marchman Act is when a person makes application to a facility for assessment or treatment for themselves. A minor may seek voluntary admission for substance abuse services without parental or guardian consent.

An **involuntary** Marchman Act is when a person's substance abuse impairment has caused them to refuse voluntary assessment or the person is unable to determine for himself/herself whether assessment is necessary because of said substance abuse and you have reason to believe that the person has inflicted or is likely to inflict harm on himself or herself or others unless admitted.

In these instructions, the alleged impaired person will be referred to as the "Respondent".

PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION.

Before completing the petition, you will need to contact a service provider and confirm that a bed is available for the Respondent before the Court will enter the order authorizing involuntary assessment and stabilization of the Respondent. **All paragraphs of the petition must be completed.** You must provide proper identification for your acknowledgment before a Notary Public or Deputy Clerk.

You must swear in the petition that you have witnessed the Respondent causing harm to themselves or others and all other facts that will show the Judge that the Respondent is impaired by their substance abuse. You must also show that you have tried to convince the Respondent to take a voluntary assessment but that their judgment is 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.

As soon as you file the petition with the Clerk of Court, they will bring it to the Judge's Office for review, which will normally be completed by 4:00 P.M. the same day, so long as the petition is filed before 2:00 P.M.

COURT DETERMINATION. Relying solely on the contents of the petition, the Court will either: (1) enter an ex parte order authorizing the involuntary assessment and stabilization of the Respondent (2) set a hearing without entering an ex parte order, or (3) deny your petition.

Unless your petition is denied, the Court shall determine whether or not an attorney should be appointed for the Respondent. If the Court believes that the Respondent needs the assistance of counsel, the Court may appoint counsel for the Respondent without regard to the Respondent's wishes.

If the Respondent is a minor not otherwise represented in the proceeding, the Court shall immediately appoint a guardian ad litem to act on the minor's behalf.

1. If the Court determines that the person meets the criteria for involuntary assessment, it shall enter an **EX PARTE ORDER FOR INVOLUNTARY ASSESSMENT AND STABILIZATION – MARCHMAN ACT, an ORDER APPOINTING ATTORNEY, and in the case of a minor, an ORDER APPOINTING GURADIAN A LITEM.** At the time the ex parte order is entered, the Court will enter

an **ORDER AND SUMMONS TO APPEAR AT HEARING ON PETITION FOR INVOLUNTARY ASSESSMENT/STABILIZATION** setting a hearing within ten (10) days to be attended by Petitioners, Respondent, Respondent's attorney, if any, and such other persons as the Court may direct.

As soon as the orders are entered, the Court will deliver them to the Clerk of Court for preparation of a packet for you to pick up.

The packet will consist of a copy of the petition, the ex parte order, the order and summons to appear at hearing, the order appointing attorney, if any, and the order appointing guardian ad litem, if any, which you must deliver to the Sheriff's Office for service on the Respondent. Additional copies of the petition, ex parte order, order and summons to appear at hearing, order appointing attorney, if any, and order appointing guardian ad litem, if any, are to be provided to the Petitioner, Respondent, Respondent's attorney, if any, Respondent's parent, guardian or legal custodian in the case of a minor, the Respondent's spouse or guardian, if applicable, and such other persons as the court may direct.

In the ex parte order the Court will order the Sheriff to take the Respondent into custody and deliver him or her to the service provider (facility). You will need to deliver the packet to the Sheriff's Office. You must provide the Sheriff's Office with the location of the Respondent so they may immediately pick the Respondent up and transport him or her to the assessment and stabilization facility where the bed is reserved. Please complete the enclosed **LAW ENFORCEMENT INFORMATION SHEET** to give to the Sheriff's Office to assist them in identifying the Respondent. If the Sheriff's Office cannot locate the Respondent, the order will be returned to the Clerk of Court as unserved.

2. If an ex parte order is not entered and only a hearing is set, a copy of the petition and a copy of the **ORDER AND SUMMONS TO APPEAR AT HEARING AND DENYING EX PARTE ASSESSMENT/STABILIZATION** shall be provided to the Respondent; the Respondent's parent, guardian, or legal custodian, in the case of a minor; to the Respondent's attorney, if known; the Petitioner; the Respondent's spouse or guardian, if applicable; such other persons as the court may direct; and a copy of the petition and the order and summons to appear at hearing are to be personally served to the Respondent if he or she is a minor.

At the hearing, the Court shall hear all relevant testimony. The Respondent must be present unless the Court has reason to believe that his or her presence is likely to be injurious to him or her, in which case the Court shall appoint a guardian advocate to represent the Respondent. After hearing all of the evidence, the Court shall determine whether there is a reasonable basis to believe the Respondent meets the involuntary admission criteria.

Based on its determination, the Court shall either dismiss the petition or immediately enter an **ORDER FOR INVOLUNTARY ASSESSMENT AND**

STABILIZATION – MARCHMAN ACT. If the Court believes that the Respondent suffers from mental illness rather than substance abuse, it may enter a Baker Act Ex Parte Order instead.

3. If the Court denies your petition by entering the **ORDER DISMISSING ACTION – MARCHMAN ACT**, and you have additional evidence that you can present to the Court, you may have your petition presented to the Court again with the additional evidence presented.

ASSESSMENT: The service provider may admit the Respondent for involuntary assessment and stabilization for a period not to exceed five (5) days unless the service provider (facility) petitions the court for an extension of time.

If a licensed service provider is unable to complete the involuntary assessment and, if necessary, stabilization of a Respondent within five (5) days after the court's order, it may file a written request for an extension of time for its assessment. The court may grant additional time, not to exceed seven (7) days after the date of renewal order, for the completion of the involuntary assessment and stabilization of the Respondent.

NOTE: If the Respondent is in jail, a Marchman Act petition filed by an individual will not take precedence over their criminal charge. A Marchman Act service provider is not required to admit a person charged with a crime for whom the provider determines and documents that it is unable to provide adequate security for.

RESPONSIBILITIES OF SERVICE PROVIDER REGARDING INVOLUNTARY ADMISSION.

1. Ensure that Respondent meets the admission criteria;
2. Ascertain whether medical and behavioral conditions of Respondent are beyond safe management capabilities of service provider;
3. Provide for admission of Respondent to service component that is least restrictive available setting that is responsive to Respondent's treatment needs;
4. Verify that admission of Respondent does not result in a census in excess of its licensed service capacity;
5. Determine whether the cost of services is within financial means of Respondent or those who are financially responsible for Respondent's care; and
6. Take all necessary measures to ensure that each client in treatment is provided with a safe environment, and to ensure that each client whose medical condition or behavioral problem becomes such that he or she cannot be safely managed by the service facility is discharged and referred to a more appropriate setting for care.

SUBSTANCE ABUSE TREATMENT. If the licensed service provider recommends that the Respondent receive substance abuse treatment and Respondent will not

voluntarily attend such treatment, you may complete the enclosed **PETITION FOR INVOLUNTARY TREATMENT**.

Before completing the Petition for Involuntary Treatment, you need to make arrangements with the treatment facility for payment of their services. Either you, as Petitioner, or the Respondent will be financially responsible for payment for such treatment. Treatment is only provided through private pay or insurance.

The Respondent must meet the criteria for involuntary admission and: either (a) been placed under protective custody by law enforcement within the previous 10 days; (b) been the subject to an emergency admission pursuant to a licensed physician's certificate; (c) been assessed by a qualified professional within 5 days; (d) been subject to involuntary assessment and stabilization by court order from a judge within 12 days; or (e) been subject to involuntary admission by law enforcement within the previous 12 days.

The Petition for Involuntary Treatment must be completed by the Respondent's spouse or guardian; any relative; a service provider; or any three (3) adults who have personal knowledge of the Respondent's substance abuse impairment and his or her prior course of assessment and treatment, if an adult. In addition, the service provider (facility) that assessed the Respondent must provide the Court with their recommendation of Involuntary Treatment.

If Respondent is a minor, the Petition for Involuntary Treatment may be filed by a parent, legal guardian, or service provider.

After the Petition for Involuntary Treatment has been filed with the Clerk of Court, it shall be presented to the judge, who shall immediately determine whether the Respondent is represented by an attorney or whether the appointment of an attorney is appropriate. The Court shall set a hearing on the petition within ten (10) days.

Copies of the **ORDER AND SUMMONS TO APPEAR AT HEARING ON PETITION FOR COURT-ORDERED INVOLUNTARY TREATMENT** and the petition must be provided to the Respondent; the Respondent's parents, guardian or legal custodian in the case of a minor; the Respondent's attorney, if any; the Petitioner; the Respondent's spouse or guardian, if applicable; and such other persons as the court may direct and have such order and petition personally delivered to Respondent if they are a minor. The order setting hearing also summons the Respondent to the hearing and must be served by a Deputy Sheriff.

At the hearing, the Court shall hear and review all evidence, including the review of results of the assessment completed by the service provider (facility). The Respondent must be present unless the Court finds that his or her presence is likely to be injurious to himself or herself or others, in which case the Court must appoint a guardian advocate to act on behalf of the Respondent throughout the proceedings. The Petitioner has the burden of proof by clear and convincing evidence that the Respondent is substance abuse

impaired and because of such impairment the Respondent has lost the power of self-control with respect to substance abuse; and either, (1) the Respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted, or (2) 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 need or her need for care and of making rational decisions regarding the need for care.

At the conclusion of the hearing, the Court shall either deny the petition or order the Respondent to undergo involuntary treatment, which may be in-patient or out-patient, with Respondent's chosen licensed service provider. Court ordered treatment cannot exceed 60 days.

When the Court finds that the conditions for involuntary substance abuse treatment have been proven by clear and convincing evidence, it may find it necessary to have the Sheriff take the Respondent into custody and deliver him or her to the treatment facility rather than Petitioner. In addition, the Court may order the Respondent to deliver himself/herself to the treatment facility.

Renewal of the involuntary treatment order may be requested pursuant to F. S. 397.6975 ten (10) days prior to the end of the 60 days treatment period with copies provided to all parties. A hearing will then be held on that petition. If the Court finds that the petition for renewal of the involuntary treatment order should be granted, it may order the Respondent to undergo treatment for an additional 90 days.

When conditions justifying involuntary treatment no longer exist, the Respondent must be released from the treatment facility.

If a petition to extend the treatment is not filed, the Respondent shall be released at the end of the 60 day treatment.

PATIENT'S RIGHTS. (F.S. 394.459) A patient has the right to individual dignity; right to nondiscriminatory services; quality of treatment; communication and visits with persons outside of the facility; confidentiality of client records; right to counsel; habeas corpus (the right to ask the court to review the cause and legal right or privilege or an authorized procedure); and liability and immunity by service provider.

THIS PACKET IS PROVIDED FOR YOUR USE BY:

**HONORABLE GUY A. FLOWERS
COUNTY JUDGE
DESOTO COUNTY, FLORIDA
115 East Oak Street, Suite 201
Arcadia, Florida 34266**

**HONORABLE NADIA K. DAUGHTREY
CLERK OF COURT
DESOTO COUNTY, FLORIDA
115 East Oak Street, 1st Floor
Arcadia, Florida 34266**

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____

CASE NO. _____

D/O/B: _____

Respondent.

_____ /

**PETITION FOR INVOLUNTARY
ASSESSMENT AND STABILIZATION
(SUBSTANCE ABUSE)**

We, _____
_____, Petitioners, being duly sworn,
hereby request a court order for involuntary assessment and stabilization of _____
_____, Respondent.

I understand that by filling out this form, Respondent may be taken by law enforcement to a substance abuse assessment facility, which may be located in another county.

I swear that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. The Respondent lives at, or can be found at, the following address: _____

_____.

2. My relationship to Respondent is: _____.

3. I have known Respondent for _____ (how long).

4. The name of Respondent's attorney (if any) is: _____
_____.

5. (Check one) Respondent ___ can ___ cannot afford an attorney.

6. a. I live at (street address): _____
_____.

b. I work as a (occupation): _____.

Employer name and address: _____
_____. Work Phone: _____.

7. (Check the one that applies)

- a. The Respondent has only recently displayed behavior related to substance abuse.
- b. The Respondent has, over a period of time, had a substance abuse problem. Specify how long: _____.

8. I believe that Respondent is substance abuse impaired for the following reason:

(Substance abuse is the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.)

9. I believe that Respondent has lost the power of self-control with respect to substance abuse for the following reason: _____

_____;

and either:

- a. I have seen the following behavior, which causes me to believe that the Respondent has inflicted, or threatened or attempted to inflict, physical harm on himself or herself or someone else. On _____, I saw the Respondent: _____
_____, or

- b. I believe the Respondent is in need of substance abuse services because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about service for the following reason: _____
_____.

(A mere refusal to receive such services is not enough to constitute lack of judgment.)

10. Other similar behavior I have personally seen is a follows: _____

_____.

11. To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation, developmental disability, or conditions resulting from anti-social behavior.

12. I have made arrangements for the Respondent to be admitted to _____ Facility located at _____, Florida, for involuntary assessment and stabilization.

13. I am on good terms with the Respondent at the present time. (Check one)
___ Yes ___ No If "no", please explain: _____
_____.

14. (Check the one that applies)
___ a. I or a family member ___ have ___ have not previously made allegations to law enforcement involving the Respondent. (Indicate whether a baker act, domestic violence, trespassing, battery, child abuse or neglect, etc.) The allegation was:
_____.

___ b. The Respondent ___ has ___ has not previously made allegations to law enforcement about me or my family. (Indicate whether a baker act, domestic violence, trespassing, battery, child abuse or neglect, etc.) The allegation was:
_____.

15. (Check the one that applies)
___ a. I or a family member are not now, and have not in the past, been involved in a court case with the Respondent.

___ b. I or a family member am now, or was, involved in a court case with the Respondent. Type of case: _____
What court and where: _____

Comments: _____
_____.

16. (Check and answer appropriate sentences.)

___ a. I have attempted to get the Respondent to agree to seek assistance for substance abuse as follows: _____
_____.

___ b. I did not try to get the Respondent to agree to voluntary assessment or treatment because:
_____.

___ c. The Respondent refused voluntary assessment or treatment because: _____
_____.

17. The Respondent has been treated in the past for substance abuse. ___ Yes ___ No
When: _____ Where: _____.

Under penalties of perjury, I declare that I have read the foregoing Petition for Involuntary Assessment and Stabilization and that the facts alleged therein are true.

Signed this _____ day of _____, 20__.

Petitioner's signature

Petitioner's signature

Petitioner's Name and Address
Phone: _____
Relationship to Respondent: _____

Petitioner's Name and Address
Phone: _____
Relationship to Respondent: _____

Petitioner's signature

Petitioner's Name and Address
Phone: _____
Relationship to Respondent: _____

STATE OF FLORIDA,
COUNTY OF DESOTO.

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20__, by _____

_____ who are ___ personally known to me or ___ presented identification, type of
identification: _____.

Deputy Clerk/Notary Public

A copy of this petition must be attached to the Ex Parte Order for Involuntary Assessment/Stabilization and accompany the Respondent to a licensed hospital or substance abuse facility that has agreed to accept the Respondent.

LAW ENFORCEMENT INFORMATION SHEET

FOR ORDER REQUIRING INVOLUNTARY ASSESSMENT/STABILIZATION

NAME OF PERSON: _____

A/K/A: _____

VEHICLE: _____ TAG: _____

IDENTIFYING MARKS: _____

SPOKEN LANGUAGE: _____

PREVIOUS SUBSTANCE ABUSE HISTORY (if any): _____

PHYSICAL DISABILITIES: _____

CURRENT PROBLEM: _____

NEXT OF KIN OR PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE (DAYS): _____ EVENINGS: _____

COMMENTS: _____

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____

CASE NO. _____

D/O/B: _____

Respondent

_____ /

ORDER APPOINTING ATTORNEY

On the petition of _____
for involuntary assessment and stabilization (Marchman Act) of _____
_____, Respondent, and the Court finding as follows:

1. That the petition was executed by a relative, guardian, "Private practitioner" as defined (including physician), the director or director's designee of a licensed service provider, or three (3) adults with personal knowledge of the Respondent's impairment and condition, and

2. That a hearing should be scheduled in order for the court to determine if Respondent meets the criteria for involuntary assessment and stabilization for substance abuse, and

3. That Respondent does not have an attorney to represent him but either has requested the appointment of an attorney or this Court believes that Respondent should be represented during this proceeding. Therefore, it is

ADJUDGED as follows:

A. That _____, a member of the Florida Bar, whose office address is: _____, and whose telephone number is: _____, is hereby appointed attorney for the above Respondent, _____, to represent said Respondent in all proceedings involving the petition for involuntary assessment and stabilization. This appointment may be terminated, subject to approval by order of this Court, if the Respondent substitutes his or her own attorney for the attorney hereby appointed.

2. All persons having custody, control or access to the said person's medical records or prior substance abuse assessments or stabilizations are directed to make such records immediately available to the above-appointed attorney for private consultation, inspection, and study.

ORDERED this ____ day of _____, 20__.

CIRCUIT JUDGE

Copies to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____

CASE NO. _____

D/O/B: _____

Respondent

_____ /

ORDER APPOINTING GUARDIAN AD LITEM

On the petition of _____
for involuntary assessment and stabilization (Marchman Act) of _____
_____, a minor Respondent, and the Court finding as follows:

1. That the petition was executed by a parent, legal guardian, or legal custodian,
and

2. That a hearing should be scheduled in order for the court to determine if
Respondent meets the criteria for involuntary assessment and stabilization for substance
abuse, and

3. That Respondent is a minor and needs the protection and benefit of a guardian
ad litem. Therefore, it is

ADJUDGED as follows:

A. That _____, whose address is: _____
_____, and whose telephone
number is: _____, is hereby appointed guardian ad litem for the above
minor Respondent, _____, to represent said
Respondent in all proceedings involving the petition for involuntary assessment and
stabilization.

ORDERED this ____ day of _____, 20__.

CIRCUIT JUDGE

Copies to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.
_____ /

**ORDER AND SUMMONS TO APPEAR AT HEARING ON
PETITION FOR INVOLUNTARY ASSESSMENT/STABILIZATION**

THIS CAUSE came on to be heard on a petition for ex parte order authorizing the involuntary assessment and/or stabilization of the Respondent. The Court, having considered the petition, finds as follows:

1. An ex parte order directing that the Respondent be taken into custody and delivered to the appropriate licensed service provider should be entered at this time, because:

- ___ a. The petition demonstrates that the Respondent meets the criteria for involuntary admission set forth in Section 397.675, Florida Statutes.
- ___ b. The petition has been executed by three (3) adults with personal knowledge.
- ___ c. Other. _____

Therefore, it is

ORDERED that a hearing on this matter shall be heard before the Honorable _____, on _____, 20____, at _____ .m., at Courtroom, DeSoto County Courthouse, 115 E. Oak St., Arcadia, Florida 34266.

IT IS FURTHER ORDER that a copy of the petition, the ex parte order for involuntary assessment and/or stabilization – Marchman Act, and this order shall be provided to the Respondent and his/her attorney, if known; the Petitioner; the Respondent’s spouse or guardian, if applicable; and such other persons as the Court may direct; the Respondent’s parent, guardian or legal custodian, in the case of a minor; and have such petition and orders personally delivered to the Respondent if he or she is a minor.

The Respondent is hereby **SUMMONED by this Court and ORDERED TO APPEAR** at said hearing. **FAILURE OF THE RESPONDENT TO APPEAR AT**

THE HEARING MAY RESULT IN AN ORDER TO DETAIN AND CONTEMPT PROCEEDINGS.

THIS ORDER SHALL BE PERSONALLY SERVED UPON RESPONDENT BY THE SHERIFF OF THE COUNTY WHERE HE OR SHE RESIDES OR CAN BE FOUND.

ORDERED in Arcadia, DeSoto County, Florida, this ____ day of _____, 20__.

CIRCUIT JUDGE

Copies furnished to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.

**EX PARTE ORDER FOR INVOLUNTARY
ASSESSMENT AND/OR STABILIZATION – MARCHMAN ACT**

THIS CAUSE having been considered by the Court on a sworn petition for involuntary assessment and stabilization filed by _____, the Court finds as follows:

1. That a sworn petition has been filed with the Clerk of Court in this county, which is where the Respondent is located.

2. That the petition was executed by the Respondent's relative, guardian, a "private practitioner" as defined (including physician), the director or director's designee of a licensed service provider, or three (3) adults with personal knowledge of the Respondent's impairment and substance abuse.

3. The Respondent meets the criteria for involuntary admission, because there is good faith reason to believe that said person is substance abuse impaired, and, because of such impairment, has lost the power of self control with respect to substance abuse; and either

- ___ a. has inflicted, threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself/herself or another, **OR**
- ___ b. is in need of substance abuse services, and, by reason of substance abuse impairment, is incapable of appreciating the need for such services and of making a rational decision in regard thereto.

Therefore, it is

ORDERED that the

____ Petitioner
____ Sheriff of DeSoto County

shall take the Respondent into custody and deliver said person to the _____ Facility for involuntary assessment and stabilization for a period of up to five (5) days. If a petition for treatment is thereafter timely initiated and

filed, the Respondent may be detained at said facility or some other designated facility until further order of the Court. If so designated, said law enforcement officer may serve and execute this order on any day of the week, at any time of the day or night, and may use such reasonable physical force as is necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the Respondent.

This order expires in _____ days.

DONE AND ORDERED at Arcadia, DeSoto County, Florida, this _____ day of _____, 20__.

CIRCUIT JUDGE

I HEREBY VERIFY that the above Respondent ordered to appear at this facility, has failed to appear as of _____, 20__.

Administrator of Service Provider Facility

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.
_____ /

**ORDER AND SUMMONS TO APPEAR AT HEARING AND
DENYING EX PARTE ASSESSMENT/STABILIZATION**

THIS CAUSE came on to be heard on a petition for ex parte order authorizing the involuntary assessment and/or stabilization of the Respondent. The Court, having considered the petition, finds as follows:

1. An ex parte order directing that the Respondent be taken into custody and delivered to the appropriate licensed service provider should not be entered at this time, because:

- ___ a. The petition does not demonstrate that the Respondent meets the criteria for involuntary admission set forth in Section 397.675, Florida Statutes.
- ___ b. The petition is not shown to have been executed by a relative, guardian, "private practitioner" as defined (including physician, psychologist), the director or director's designee of a licensed service provider, or three (3) adults with personal knowledge.
- ___ c. Other. _____

Therefore, it is

ORDERED as follows: (Check one)

___ A. No ex parte order requiring stabilization and/or assessment shall be entered at this time; any request for such order is DENIED.

___ B. Hearing on this matter, and specifically on the issue of whether the Respondent should be stabilized and/or assessed, shall be heard before the Honorable _____, on _____, 20____, at _____ .m., at Courtroom, DeSoto County Courthouse, 115 E. Oak St., Arcadia, Florida 34266.

IT IS FURTHER ORDER that if a hearing is set in this matter, a copy of the petition and this order shall be provided to the Respondent and his/her attorney, if known;

the Petitioner; the Respondent's spouse or guardian, if applicable; and such other persons as the Court may direct; the Respondent's parent, guardian or legal custodian, in the case of a minor; and have such petition and order personally delivered to the Respondent if he or she is a minor.

The Respondent is hereby **SUMMONED by this Court and ORDERED TO APPEAR** at said hearing. **FAILURE OF THE RESPONDENT TO APPEAR AT THE HEARING MAY RESULT IN AN ORDER TO DETAIN AND CONTEMPT PROCEEDINGS.**

THIS ORDER SHALL BE PERSONALLY SERVED UPON RESPONDENT BY THE SHERIFF OF THE COUNTY WHERE HE OR SHE RESIDES OR CAN BE FOUND.

ORDERED in Arcadia, DeSoto County, Florida, this _____ day of _____, 20____.

CIRCUIT JUDGE

Copies furnished to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.
_____ /

**ORDER FOR INVOLUNTARY ASSESSMENT
AND STABILIZATION – MARCHMAN ACT**

THIS CAUSE came on to be heard upon a petition for court-ordered involuntary assessment and stabilization. The Court, being fully advised in the premises, finds as follows:

1. The petition was executed by a relative, guardian, “private practitioner” as defined (including physician), the director or director’s designee of a licensed service provider, or three (3) adults with personal knowledge of the Respondent’s impairment and condition.

2. The Respondent, having been duly and properly summoned, did appear at the hearing.

- Said Respondent was represented by counsel **OR**
- The appointment of counsel was not deemed appropriate, or was waived.

3. The Respondent meets the criteria for involuntary admission for assessment and stabilization pursuant to Section 397.675, and 397.6811, Florida Statutes:

There is good faith reason to believe that the person is substance abuse impaired, and, because of such impairment:

- (1) has lost the power of self-control with respect to substance use; and either
 - a. has inflicted, threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself/herself or another, **or**
 - b. is in need of substance abuse services and, by reason of substance abuse impairment, is incapable of appreciating the need for such services and of making a rational decision in regard thereto.

4. The nature and extent of the alleged or existing substance use/abuse is briefly summarized as follows: _____
_____.

5. Less restrictive alternatives with respect to stabilization and assessment than are ordered herein below have been considered and are judged to be inappropriate.

THEREFORE, it is

ORDERED as follows: (Check one)

___ The Petitioner(s) shall cause the Respondent to appear and undergo an assessment and stabilization at _____ Facility on _____, 20__.

___ The Sheriff of DeSoto County shall take the Respondent into custody and shall immediately deliver him/her to _____ Facility on _____, 20__, for involuntary assessment and stabilization for a period of up to five (5) days.

DONE AND ORDERED at Arcadia, DeSoto County, Florida, this _____ day of _____, 20__.

CIRCUIT JUDGE

FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN CONSIDERATION AND ACTION BY THE COURT, WHICH MAY INCLUDE A CONTEMPT PROCEEDING. CONTEMPT OF COURT MAY RESULT IN ARREST, FINE, AND OTHER SANCTIONS.

Copies to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____

CASE NO. _____

D/O/B: _____

Respondent.

_____/

ORDER DISMISSING ACTION – MARCHMAN ACT

THIS CAUSE having been heard on a Petition for Involuntary Assessment and Stabilization, and the Court being fully advised in the premises, finds as follows:

(Check one)

That Respondent does not meet the criteria for assessment and stabilization.

That the Petition for Involuntary Assessment and Stabilization was not properly completed/executed.

That DeSoto County is not the proper jurisdiction for this matter.

Other. _____

_____.

THEREFORE, it is

ORDERED that the above Petition for Involuntary Assessment and Stabilization, and this action, be and the same are hereby DISMISSED.

DONE AND ORDERED in Arcadia, DeSoto County, Florida, this _____ day of _____, 20____.

CIRCUIT JUDGE

Copies to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.
_____ /

**EX PARTE ORDER FOR EXTENSION OF TIME FOR COMPLETION
OF INVOLUNTARY ASSESSMENT/STABILIZATION**

THIS CAUSE coming on to be heard upon written request by the licensed service provider for an extension of time for completion of involuntary assessment/stabilization, and the Court finding as follows:

1. That the Court entered an Order of Involuntary Assessment and/or Stabilization for the above Respondent, on _____, 20__.
2. That the Respondent was admitted to the _____ Facility in _____, Florida, on _____, 20__.
3. That pursuant to F. S. 397.6821, with or without hearing, the Court may grant additional time, not to exceed seven (7) days for the completion of the involuntary assessment and stabilization of the Respondent.

Therefore, it is

ORDERED as follows:

- A. That the request for an extension of time to complete assessment and stabilization of the Respondent was timely filed.
- B. That the Court extends the involuntary admission of Respondent through _____, 20__.

DONE AND ORDERED in Arcadia, DeSoto County, Florida, this _____ day of _____, 20__.

CIRCUIT JUDGE

Copies to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.
_____ /

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

We, _____,
Petitioner(s), being duly sworn, hereby request a court order for involuntary treatment of
_____, Respondent, and states as follows:

1. The Respondent can be found at: _____
_____.
2. My relationship to Respondent is: _____.
3. I have known Respondent for _____ (how long).
4. The name of Respondent's attorney (if any) is: _____
_____.
5. (Check one) Respondent ___ can ___ cannot afford an attorney.
6. The findings and recommendations of the assessment performed by the
qualified professional is as follows: _____

_____.

(If necessary, attached copy of statement or letter from service provider.)

7. I believe that Respondent is substance abuse impaired for the following reason:

(Substance abuse is the use of alcoholic beverages or any psychoactive or mood-altering
substance in such a manner as to induce mental, emotional, or physical problems and
cause socially dysfunctional behavior.)

8. I believe that Respondent has lost the power of self-control with respect to
substance abuse for the following reason: _____

_____;
and either:

___ a. I have seen the following behavior, which causes me to believe that the Respondent has inflicted, or threatened or attempted to inflict, physical harm on himself or herself or someone else unless admitted for treatment. On _____, I saw the Respondent: _____
_____, or

___ b. I believe the Respondent is in need of substance abuse treatment because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about the need for care for the following reason: _____
_____.

(A mere refusal to receive such services is not enough to constitute lack of judgment.)

9. That Respondent, _____, meets the criteria for involuntary admission pursuant to F. S. 397.675.

10. That Respondent has either: a.) been placed under protective custody pursuant to F. S. 397.677 with the previous 10 days; b.) been subject to an emergency admission pursuant to F. S. 397.679 within the previous 10 days; c.) been assessed by a qualified professional within 5 days; d.) been subject to involuntary assessment and stabilization pursuant to F. S. 397.6818 within the previous 12 days; or e.) been subject to alternative involuntary admission pursuant to F. S. 397.6822 within the previous 12 days.

11. I have made arrangements for the Respondent to be admitted to _____ Facility located at _____, Florida, for involuntary treatment.

Under penalties of perjury, I declare that I have read the foregoing Petition for Involuntary Assessment and Stabilization and that the facts alleged therein are true.

Signed this _____ day of _____, 20__.

Petitioner's signature

Petitioner's signature

Petitioner's Name and Address
Phone: _____

Petitioner's Name and Address
Phone: _____

Relationship to Respondent: _____ Relationship to Respondent: _____

Petitioner's signature

Petitioner's Name and Address

Phone: _____

Relationship to Respondent: _____

STATE OF FLORIDA,
COUNTY OF DESOTO.

SWORN TO AND SUBSCRIBED before me this _____ day of _____,
20____, by _____

who are ___ personally known to me or ___ presented identification, type of
identification: _____.

Deputy Clerk/Notary Public

A copy of this petition must be attached to the Order for Involuntary Treatment and
accompany the Respondent to a licensed hospital or substance abuse facility that has
agreed to accept the Respondent.

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____ CASE NO. _____
D/O/B: _____
Respondent.
_____ /

**ORDER AND SUMMONS TO APPEAR AT HEARING ON
PETITION FOR COURT-ORDERED INVOLUNTARY TREATMENT**

THIS CAUSE came on to be heard on a petition for court-ordered involuntary treatment of the Respondent, and the Court, having considered the petition, finds as follows:

1. That Respondent meets the criteria for involuntary admission as provided in F. S. 397.675, and
2. That Respondent has either: a) been placed under protective custody pursuant to F. S. 397.677 within the previous 10 days; b) been subject to an emergency admission pursuant to F. S. 397.679 within the previous 10 days; c) been assessed by a qualified professional within 5 days; d) been subject to involuntary assessment and stabilization pursuant to F. S. 397.6818 within the previous 12 days; or e) been subject to alternative involuntary admission pursuant to F. S. 397.6822 within the previous 12 days, and
3. That the petition was executed by a relative, guardian, "private practitioner" as defined (including physician), the director or director's designee of a licensed service provider, or three (3) adults with personal knowledge of the Respondent's impairment and condition.

Therefore, it is

ORDERED as follows that a hearing on this matter, and specifically on the issue of whether the Respondent should be court-ordered to undergo involuntary substance abuse treatment, shall be heard before the Honorable _____, on _____, 20____, at _____ __m., at Courtroom, DeSoto County Courthouse, 115 E. Oak St., Arcadia, Florida 34266.

IT IS FURTHER ORDER that a copy of the petition and this order shall be provided to the Respondent and his/her attorney, if known; the Petitioner; the Respondent's spouse or guardian, if applicable; the Respondent's parent, guardian, or legal custodian, in the case of a minor; and have such petition and order personally delivered to the Respondent if he or she is a minor. The Respondent is hereby **SUMMONED by this Court and ORDERED TO APPEAR** at said hearing.

FAILURE OF THE RESPONDENT TO APPEAR AT THE HEARING MAY RESULT IN A BENCH WARRANT BEING ISSUED AND COMMENCEMENT OF CONTEMPT PROCEEDINGS.

THIS ORDER SHALL BE PERSONALLY SERVED UPON RESPONDENT BY THE SHERIFF OF THE COUNTY WHERE HE OR SHE RESIDES OR CAN BE FOUND.

ORDERED in Arcadia, DeSoto County, Florida, this _____ day of _____, 20__.

CIRCUIT JUDGE

Copies furnished to:

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT OF
THE STATE OF FLORIDA, IN AND FOR DESOTO COUNTY

IN RE: _____

CASE NO. _____

D/O/B: _____

Respondent.

_____ /

ORDER FOR INVOLUNTARY TREATMENT – MARCHMAN ACT

THIS CAUSE came on to be heard on petition for court-ordered involuntary treatment for substance abuse, and the Court being fully advised in the premises, finds as follows:

1. The petition was executed by a relative, guardian, “private practitioner” as defined (including physician), the director or director’s designee of a licensed service provider, or three (3) adults with personal knowledge of the Respondent’s impairment and condition.

2. The Respondent, having been duly and properly summoned, did appear at the hearing.

___ Said person was represented by counsel **OR**

___ The appointment of counsel was not deemed appropriate, or was waived.

3. The Respondent meets the criteria for involuntary treatment for substance abuse, in that there is clear and convincing evidence that the Respondent is substance abuse impaired, and because of such impairment has lost the power of self-control with respect to substance abuse, and either

a. Has inflicted or is likely to inflict physical harm on himself/herself or other unless involuntarily treated; or

b. The refusal to voluntarily receive treatment is based on judgment so impaired by reason of substance abuse that the Respondent is incapable of appreciating the need for care and treatment and of making a rational decision regarding that need.

4. The nature and extent of the substance use/abuse is briefly summarized as follows: _____

_____.

THEREFORE, it is

ORDERED as follows:

A. Check **one** only.

___ The Respondent will enter into, participate in, and successfully complete the out-patient substance abuse treatment at _____ Facility located in _____, Florida.

___ The Respondent will enter into, participate in, and successfully complete the in-patient substance abuse treatment at _____ Facility located in _____, Florida.

___ The Petitioner shall take Respondent and deliver him/her to the _____ Facility located in _____, Florida, for involuntary substance abuse treatment.

___ The Sheriff of DeSoto County, Florida, shall take the Respondent into custody and deliver him/her to the _____ Facility located in _____, Florida, for involuntary substance abuse treatment.

B. The Respondent will not use alcohol and will not use drugs unless prescribed by a physician.

C. This Order shall be effective for 60 days from the date hereof.

D. This Court shall retain jurisdiction over this case and the parties.

E. _____

_____.

DONE AND ORDERED in Arcadia, DeSoto County, Florida this ____ day of _____, 20__.

CIRCUIT JUDGE

Copies to:

FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN CONSIDERATION AND ACTION BY THE CIRCUIT COURT, WHICH MAY INCLUDE A CONTEMPT PROCEEDING. CONTEMPT OF COURT MAY RESULT IN INCARCERATION, A FINE, AND OTHER SANCTIONS.

