

IN RE:

CASE NO.

PETITION FOR INVOLUNTARY EXAMINATION ON EX PARTE ORDER

The undersigned, _____, Petitioner respectfully applies for the entry of an ex parte order for involuntary examination, pursuant to Chapter 394.463(2)(a)1, of _____ residing at _____, at a receiving facility for the mentally ill as provided by law and in support of my petition would show into the Court that I have personally observed the behavior and conduct of _____ and I have reason to believe that the person appears to meet the following criteria for involuntary examination:

- (a) There is reason to believe said person is mentally ill pursuant to Chapter 394.455(18) F.S. and
- (b) Said person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; and
- (c) Said person is unable to determine for himself whether examination is necessary, and;
- (d) Either (check 1 or 2)

_____ 1. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself, and such neglect or refusal poses a real and present threat of substantial harm to the person's well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

_____ 2. It is more likely than not that in the near future said person will inflict serious, unjustified bodily harm on another person, as evidenced by behavior causing, attempting or threatening such harm, including at least one incident thereof within 20 days prior to the examination.

My observations on which the above conclusion is based are: _____

I am related to said person as follows: _____.
Wherefore, I petition for the entry of an ex parte order for involuntary examination of said person.

Done this _____ day of _____, 20__, at _____
County, Florida.

Sworn to and subscribed before me
This _____ day of _____, 20__.

Signature

Address

City, State and Zip Code

Notary Public/Deputy Clerk

IN THE CIRCUIT COURT OF THE
FIFTH JUDICIAL CIRCUIT IN AND
FOR CITRUS COUNTY, FLORIDA

RE:

CASE NO:

AFFIDAVIT

I _____, Affiant, being duly sworn, hereby state that I have personally observed the behavior and conduct of _____ And I have reason to believe that the person appears to meet the following criteria for involuntary examination;

- (a) There is reason to believe said person is mentally ill pursuant to Chapter 394.455(18)F.S. and
- (b) Said person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; and
- (c) Said person is unable to determine for himself whether examination is necessary, and;
- (d) Either check(1 or 2)

____ 1. Without care of treatment said person is likely to suffer from neglect or refuse to care for himself, and such neglect or refusal poses a real and present threat of substantial harm to the person's well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; or

____ 2. It is more likely than not that in the near future said person will inflict serious, unjustified bodily harm on another person, as evidenced by behavior causing, attempting, or threatening such harm, including at least one incident thereof within 20 days prior to the examination.

My observations on which the above conclusion is based are: _____

I am related to said person as follows: _____

I support a petition for the involuntary examination of said person believed to be mentally ill.

Affiant's Name

Affiant's Address

Affiant's Signature

Affiant's Phone Number

Sworn to and subscribed before me this _____ day of _____, 20__

BETTY STRIFLER
Clerk of the Circuit Court

Notary Public

By: _____
Deputy Clerk

IN THE CIRCUIT COURT OF THE
FIFTH JUDICIAL CIRCUIT IN AND
FOR CITRUS COUNTY, FLORIDA

RE:

CASE NO:

AFFIDAVIT

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My observations on which the above conclusion is based are: _____

I am related to said person as follows: _____

I support a petition for the involuntary examination of said person believed to be mentally ill.

Affiant's Name

Affiant's Address

Affiant's Signature

Affiant's Phone Number

Sworn to and subscribed before me this _____ day of _____, 20__

BETTY STRIFLER
Clerk of the Circuit Court

Notary Public

By: _____
Deputy Clerk

NEEDED INFORMATION FOR SHERIFF: CASE NO.: _____

NAME: (include alias/nickname) _____

RACE _____ SEX _____ DATE OF BIRTH _____ HEIGHT _____

WEIGHT _____ HAIR _____ EYES _____

ANY OTHER PHYSICAL DESCRIPTION: List all scars, marks, tattoos, beard, mustache, sideburns, missing or capped teeth, legs, arms, etc. If possible, include a recent photo, color preferred.

HOME ADDRESS & DIRECTIONS - WHERE SUBJECT IS RESIDING: P.O. Boxes, Route numbers are unacceptable. Example: S. Hwy 27 or 8th Street, Inverness or just Inverness are INSUFFICIENT. List home telephone number.

PLACE OF EMPLOYMENT: Include address, directions, telephone number and normal working hours and occupation.

VEHICLE DESCRIPTION: _____

DOES SUBJECT HAVE ACCESS TO ANY TYPE OF FIREARM OR OTHER WEAPON AND DO YOU (Plaintiff) FEEL THAT SUBJECT WOULD USE THEM? IS THE SUBJECT PRONE TO VIOLENCE? _____

IS SUBJECT WANTED ANYWHERE TO YOUR KNOWLEDGE? _____

Signature of person providing information