

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

IN RE:

CASE NO

**PETITION FOR INVOLUNTARY ADMISSION FOR ASSESSMENT AND  
STABILIZATION FOR SUBSTANCE ABUSE IMPAIRED PERSON**

I, \_\_\_\_\_, whose relationship to Respondent is \_\_\_\_\_, being duly sworn, hereby state that I have personally observed the behavior and conduct of the Respondent, and I have reason to believe that said person is now substance abuse impaired as defined under Florida Statutes 397.311 (15) and because of such impairment:

\_\_\_\_\_ 1. Has lost the power of self-control with respect to substance abuse; and either

\_\_\_\_\_ (a) Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or another; or

\_\_\_\_\_ (b) Is in need of substance abuse services and, by reason of substance abuse impairment, his judgment has been so impaired that he is incapable of appreciating his need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to the need for such services.

I further allege that the above named person has refused to submit to an assessment voluntarily.

The Respondent is/is not represented by legal counsel.

The name of the Respondent's attorney is: \_\_\_\_\_.

I hereby petition the Court to enter an order for involuntary treatment for substance abuse or other appropriate treatment.

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true and correct, to the best of my knowledge and belief.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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

STATE OF FLORIDA  
COUNTY OF CITRUS

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Deputy Clerk

**NEEDED INFORMATION FOR SHERIFF:**

CASE NO: \_\_\_\_\_

NAME: (include alias/nicknames) \_\_\_\_\_  
\_\_\_\_\_

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 and route numbers are unacceptable. Example: S. Hwy 27 or 8<sup>th</sup> 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