

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

IN RE: _____ **Age** _____
Respondent's name (First, Middle, Last) **DIVISION: Z**

**PETITION AND AFFIDAVIT FOR INVOLUNTARY ASSESSMENT AND STABILIZATION
(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

being duly sworn, am filing this sworn statement requesting a court order for the Involuntary Assessment and Stabilization of _____
Respondent's name (First, Middle, Last)

- I understand that by filling out this form, the Respondent **may be taken by law enforcement** to a hospital or licensed substance abuse facility for assessment and stabilization.
- I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.
- I SWEAR that the information I provide is **FIRSTHAND KNOWLEDGE** and **NOT** based on hearsay from third parties.

The **Respondent** lives or may be found at the following Hillsborough County address(s):

- a. _____
Street Address (Apt#, Trlr #, Lot #, etc) City State Zip
- b. _____
Street Address (Apt#, Trlr #, Lot #, etc) City State Zip
- c. _____
Street Address (Apt#, Trlr #, Lot #, etc) City State Zip

1. I am on good terms with the Respondent at the present time (check one box). []YES []NO If "no", please explain:

2. 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:

3. 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:

4. The Respondent HAS HAS NOT been involved in criminal or delinquency charges.

5. Check the box that applies:

a. I or a family member am 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. This case is/was a:

_____ in _____
(Type of Case) (When)

Explain: _____

6. I have known the Respondent for _____ (how long)

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:

CHECK AND COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

7. I believe that the Respondent is substance abuse impaired as defined in Section 397.675, Florida Statute (2019), as a condition involving 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) or has a co-occurring mental health disorder. If checked, explain why (i.e., observation, related knowledge, etc.)

8. [] I believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If checked, explain why (i.e., observation, related knowledge, etc.).

9. [] I believe the Respondent is in need of substance abuse services by reason of substance abuse impairment and he or she is incapable of appreciating his or her need for services and making a rational decision in that regard (a mere refusal to receive services is not enough to constitute lack of judgment). If checked, explain why (i.e., observation, related knowledge, etc.).

10. [] I believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If checked, explain why (i.e., observation, related knowledge, etc.).

11. [] I do not believe that such harm may be avoided through the help of willing family members or friends or the provision of other services. If checked, explain why (i.e., observation, related knowledge, etc.).

12. I believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If checked, explain why (i.e., observation, related knowledge, etc.).

13. a. I have attempted to get the Respondent to seek assistance for substance abuse problem(s) as follows:

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

c. The Respondent refused a voluntary assessment or treatment because:

14. Does Respondent have access to any weapons: YES NO UNKNOWN

If yes, please describe:

15. Is the Respondent violent now? YES NO UNKNOWN

If yes, please describe:

16. Has the Respondent been violent toward anyone, including law enforcement, in the recent past?

YES NO UNKNOWN

If yes, please describe:

17. Does the Respondent have any pending criminal charges against him/her? YES NO UNKNOWN

If yes, please describe:

18. Does the Respondent have an attorney? YES NO UNKNOWN

If yes, please provide name of the attorney: _____

19. Does the Respondent have a legal guardian? YES NO UNKNOWN

20. Is there a pending petition to determine the Respondent's capacity and to appoint a guardian?

YES NO UNKNOWN

I understand that this sworn statement is given under oath and will be treated as though it was made before a judge in a court of law. 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.

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

<hr/> #1 Petitioner PRINT full name	<hr/> #2 Petitioner PRINT full name
<hr/> Petitioner's COMPLETE address (Apt #, Trlr #, Lot #, etc)	<hr/> Petitioner's COMPLETE address (Apt #, Trlr #, Lot #, etc)
<hr/> City State ZIP Code	<hr/> City State ZIP Code
<hr/> ()	<hr/> ()
Petitioner's telephone number	Petitioner's telephone number
<hr/> Signature of Petitioner	<hr/> Signature of Petitioner

<hr/> #3 Petitioner PRINT full name	<hr/> #4 Petitioner PRINT full name
<hr/> Petitioner's COMPLETE address (Apt #, Trlr #, Lot #, etc)	<hr/> Petitioner's COMPLETE address (Apt #, Trlr #, Lot #, etc)
<hr/> City State ZIP Code	<hr/> City State ZIP Code
<hr/> ()	<hr/> ()
Petitioner's telephone number	Petitioner's telephone number
<hr/> Signature of Petitioner	<hr/> 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

If yes, Guardians Name:

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
IS ANY PARTY IN NEED OF AN INTERPRETER..... 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. You will be provided with a brochure which will include your case number as well as further instructions regarding filing the treatment petition.

Upon completion of the assessment the service provider will forward the assessment to the Clerk's Office and contact the Petitioner. The Petitioner must return to the Clerk's office within **10 business days** to complete a Petition for Involuntary Treatment or the matter will be concluded and the Respondent will not be under a court order to complete treatment.

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

PLEASE NOTE:

When filing petitions in the Marchman Act Court, it is important, as the petitioner, to understand what may be expected and to note that matters may not always be handled in the way one may want them to be handled. This is a court, and there are certain laws and procedures that must be followed. The respondent has certain rights, and these rights will be upheld.

1. Please make sure that all information provided is true and correct. All the information and observations in the petition must be from first-hand knowledge.
2. Please understand that by filing the petition the petitioner has asked the court to become involved in the respondent's substance abuse issues.
3. If treatment is ordered, the court will follow all recommendations of the clinicians. In some cases, the petitioner may not agree with all the recommendations.
4. Both the petitioner and the respondent will be provided with a plan in order to remain in compliance with the court order. If the respondent is a juvenile, the petitioner will be required to provide assistance (transportation and financial) to the respondent in order to follow the court order. If the respondent is an adult (18 or over), the petitioner can decide what assistance he or she will provide.
5. Please be advised that the respondent will be ordered to provide at least 2 random drug screens per week. In some cases it may be necessary to order more than 2 random drug screens per week. The respondent will be required to follow the treatment agency's protocol in regards to drug screening. The respondent's failure to submit to the drug screens could result in non-compliance with a court order.
6. If RESIDENTIAL TREATMENT is recommended, please be aware that there is a very long waiting list for admission into a residential program. **There is nothing the court can do to decrease the wait time.**
7. There are no lock-down residential facilities. If the respondent does not want to stay in treatment, he or she can walk away at any time. However, please be advised that, if the respondent does not follow the court order, the respondent will be scheduled to return to court to face an Order to Show Cause.
8. **IN SOME CASES, THE RESPONDENT MAY BE SENT TO JAIL ON A CIVIL CONTEMPT CHARGE WHILE AWAITING PLACEMENT IN A RESIDENTIAL FACILITY.**

MARCHMAN ACT PROCEEDINGS

Petition for Involuntary Assessment and Stabilization

(First part)

- Petition for Involuntary Assessment and Stabilization is filed.
- Judge reviews the petition and decides to either issue an Ex Parte order, set the case for hearing, or deny the petition.
 - If the Ex Parte order is issued, HCSO will pick the Respondent up and take him/her to the AARF/JARF.
 - If the case is set for hearing, the Respondent will be served to come to court and the Petitioner will receive notice of the court date in the mail. All parties may bring witnesses and evidence to this hearing.
 - If the Petition is denied, the Petitioner has the opportunity to file another Petition with additional information.
- At the hearing, the Respondent will have an attorney appointed unless they retain private counsel.
- After hearing from all parties, the judge determines whether Substance Abuse Evaluation and Stabilization is necessary. (An assessment may be done on an in-patient or out-patient basis as ordered by the Court). If it is determined that an assessment is not necessary, the case is dismissed. If an assessment is ordered, the Respondent will be given instructions as to where and when to report to complete the assessment or be transported from the courtroom.
- The Petitioner will be contacted by AARF/JARF once the assessment has been completed and filed with Clerk of Court.
- The Petitioner has TEN (10) DAYS from the date the assessment is filed to visit the Clerk of Court's office to file the Petition for Involuntary Substance Abuse Treatment.

Petition for Involuntary Substance Abuse Treatment

(Second part)

- Petitioner comes to the Clerk's Office to complete the Petition for Involuntary Substance Abuse Treatment.
- The Respondent will be served with a copy of all pleadings, a Summons, and a Notice of Hearing.
- At the initial hearing, the Respondent will have an attorney appointed unless they retain private counsel.
- The Respondent may either agree with the recommendations within the assessment or request an evidentiary hearing.
- Court ordered treatment will be enforced by the court.
- Any treatment ordered must be paid for by the Respondent or the Respondent's family.

Renewals/Subsequent Renewals

- A renewal of the Involuntary Treatment Order occurs every 90 days.
- If the treatment provider determine the client has successfully completed substance abuse treatment prior to Renewal court dates, the Marchman Act will be dismissed.