

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
IN AND FOR LEE COUNTY, FLORIDA

IN RE: \_\_\_\_\_

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

**PETITION AND AFFIDAVIT SEEKING EX PARTE ORDER REQUIRING  
INVOLUNTARY EXAMINATION**

I, \_\_\_\_\_, being duly sworn, am filing this sworn statement requesting a  
Print Name of Petitioner  
court order for the involuntary examination of \_\_\_\_\_ (hereinafter referred to as PERSON).  
Print Name of Person

This petition and affidavit will be included in the PERSON's clinical record and may be viewed by the PERSON.

I understand that by filling out this form, the PERSON may be taken by law enforcement to a mental health facility for an examination.

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

1. a. I live at: (Print Your Full Residence Address and Phone Number) Phone: (\_\_\_\_\_) \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

b. I work as: (Occupation) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Work Street Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

c. The PERSON lives at, or may be found at, the following address(es):  
Street Address: \_\_\_\_\_ City \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_

2. I have the following relationship with the PERSON: \_\_\_\_\_  
\_\_\_\_\_

3. (Check the one box that applies)

a. I or a family member  have or  have not previously made allegations to law enforcement involving this PERSON on \_\_\_\_\_ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. This PERSON  has or  has not previously made allegations to law enforcement about me or my family on \_\_\_\_\_ (Date) such as domestic violence, trespassing, child abuse or neglect, Baker Act, etc. as described: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED**

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2)**

(Check the one box that applies)

- 4.  a. I or a family member are not now, and have not in the past, been involved in a court case with the PERSON.
- b. I or a family member am now, or was, involved in a court case with the PERSON. This case is/was a

\_\_\_\_\_ in \_\_\_\_\_  
Type of Case When  
Explain: \_\_\_\_\_  
\_\_\_\_\_

- 5. I am on good terms with the PERSON at the present time. (Check one box)  Yes  No If “no”, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

- 6. I have known the PERSON for \_\_\_\_\_ (how long).

- a. The PERSON has only recently displayed unusual kinds of behavior.
- b. The PERSON has, over a period of time, always acted in a strange manner.
- c. The PERSON’s behavior has developed over a period of time.

**COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:**

- 7. I have seen the following behavior, which causes me to believe that there is a good chance that the PERSON will cause serious bodily harm to himself/herself or others. On \_\_\_\_\_ at approximately \_\_\_\_\_ am pm,  
Date Time  
I saw the PERSON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 8. Other similar behavior I have personally seen is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9.  To my knowledge or belief,  I do,  I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

**CHECK AND/OR ANSWER APPLICABLE SECTIONS**

- 10.  a. I have attempted to get the PERSON to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b. I did not try to get the PERSON to agree to a voluntary examination because: \_\_\_\_\_  
\_\_\_\_\_
- c. The PERSON refused a voluntary examination because: \_\_\_\_\_  
\_\_\_\_\_

**CONTINUED**

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 3)**

11. The following steps were taken to get the PERSON to go to a hospital for mental health care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These steps did not work because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. I believe that the PERSON is unable to determine for himself/herself, why the examination is necessary because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. I believe that the PERSON has a mental illness which will keep the PERSON from being able to meet the ordinary demands of living because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. I believe that without care or treatment, the PERSON is likely to suffer from neglect or refuse to care for himself/ herself, because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Can family or close friends now provide enough care to avoid harm to the PERSON?  Yes  No, If not, why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED**

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 4)**

<b>Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:</b>			
County of Residence:	Age:	Date of Birth:	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Attach a picture of the PERSON if possible.	Picture Attached: <input type="checkbox"/> No <input type="checkbox"/> Yes
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the person been violent in the recent past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
<b>GUARDIANSHIP:</b>			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.			
Name: _____		Phone: (_____) _____	
Address: _____		City: _____ Zip: _____	
<b>PHYSICIAN</b> : Name:		Phone: (_____) _____	
<b>MEDICATIONS:</b> Provide name of medications if known.			
<b>CASE MANAGEMENT:</b> Provide name and phone number of case manager or case management agency, if known.			

**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 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.**

Signature of Affiant/Petitioner: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year  
 by \_\_\_\_\_ who is personally known  
 to me or presented \_\_\_\_\_ as identification

**OR**

SWORN TO AND SUBSCRIBED before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year  
 Clerk of Circuit Court  
 \_\_\_\_\_ County, Florida

\_\_\_\_\_  
 Notary Public - State of Florida  
 My Commission expires: Date \_\_\_\_\_

By: \_\_\_\_\_  
 Deputy Clerk

<b>A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany the person to the nearest receiving facility.</b>
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## Subject Description

Name \_\_\_\_\_

Alias Name(s) \_\_\_\_\_

Height \_\_\_\_\_ Hair Color \_\_\_\_\_

Weight \_\_\_\_\_ Length of Hair \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Eye Color \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Distinguishing Marks (i.e. tattoos, scars, etc.) \_\_\_\_\_

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

Location (if known) \_\_\_\_\_

\_\_\_\_\_

Best Time To Serve \_\_\_\_\_

Special Remarks (i.e. description of vehicle, history of violence)

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