

Instructions for Requesting Involuntary Services

(The following is for informational purposes only and does not constitute legal advice)

The Hal S. Marchman Act, Florida Statute 397.01 et seq. (1993), has been passed by the Florida Legislature to address issues of substance and alcohol abuse. The Marchman Act supports substance abuse prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse. The Respondent has certain rights and these rights will be upheld.

1. The Petitioner must complete all parts of the PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES and file it with the Brevard County Clerk of Court. Please provide detailed factual allegations based on first-hand knowledge (your own observations of the Respondent's behavior and statements). If your handwriting is not legible, the Petition will be denied. You must swear that all the information provided is true and correct. Thus **do not sign the Petition until you are in the presence of a notary or Deputy Clerk.**
 - a. Petition filed with an Assessment: The Petition may be filed with a substance abuse assessment, a report, or certificate by a qualified professional that was conducted within 30 days before filing. A hearing will be scheduled within 10 court working days of the filing of the Petition. The assessment should be filed with the Petition or the Petitioner must make sure the assessment is filed with the court by the facility.
 - b. Petition filed without an Assessment: If no assessment was done by a qualified professional prior to filing the Petition, a hearing will be scheduled within 10 court working days of the filing of the Petition. The Petitioner may request an Order for assessment and stabilization at the hearing or, if an emergency exists, the Petitioner may request in the Petition that an emergency order for assessment and stabilization be executed without a hearing.
2. **The Petitioner is responsible for finding an approved licensed service provider** to conduct a clinical assessment that complies with Florida Statute

section 397.6957 or to provide appropriate treatment. The Petitioner must confirm with the facility the date and time that it is willing to receive the Respondent for assessment or treatment and must arrange for payment. **Assessment and Treatment must be paid for by the Petitioner/Respondent or the Respondent's family.** Each program has their own structured fees. The Florida Legislature has not provided any funds to the Court to assist Respondents or their families with payment for assessment or treatment.

TO FIND A FACILITY: A treatment locator is available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website at <https://findtreatment.gov>. The petitioner must contact the facility and confirm that it is a Marchman receiving facility.

3. There is no fee to file the Petition.
4. **The Petitioner has the responsibility of attending all court hearings related to the Petition unless excused by the Judge. At the hearing, the Petitioner has the burden of proof and must present evidence, including documents, witnesses, and expert witnesses. The petitioner must attempt to obtain the Assessment and, if obtained, provide it to the Court before the hearing. If the Assessor's testimony is needed at the hearing, the Petitioner must contact the facility to ensure that the Assessor will attend the hearing. The Petitioner is not entitled to a court-appointed attorney.**

UNLESS YOU DESIGNATE AND EMAIL ADDRESS. You MUST return the next business day to the closest Clerk's office with a valid form of identification to obtain a copy of your Order. You can NOT call as these cases are confidential.

PLEASE INITIAL ONE:

I will return to pick up a copy of the Order: _____

I will designate an email address: _____

Petitioner's Signature

Date

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA

DIVISION: MENTAL HEALTH

CASE NUMBER: 05 - 20 - MH - - XXMH - BC

RESPONDENT NAME & ADDRESS:

MARCHMAN ACT – MEMORANDUM TO LAW ENFORCEMENT

RESPONDENT INFORMATION

DOB: _____ AGE: _____

PHONE NUMBER(S): _____

OTHER LOCATIONS RESPONDENT CAN BE FOUND (list address(s) if known): _____

RACE: _____ SEX: MALE FEMALE

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

COMPLEXION TYPE (Circle One): LIGHT MEDIUM DARK TAN RUDDY SKINTONE

MARKS/FEATURES (Circle ALL that apply): MUSTACHE GOATEE /BEARD GLASSES TATTOO/S

DRIVES? YES NO MAKE & MODEL OF AUTOMOBILE: _____

LICENSE PLATE NUMBER: _____

VIOLENT? YES NO

ANY WEAPONS? YES NO TYPE OF WEAPONS? _____

PETITIONER INFORMATION

PETITIONER'S NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBER(S): _____

RELATIONSHIP TO PATIENT: _____

Transport to one of the nearest facilities listed below:

Circles of Care, 400 E. Sheridan Rd., Melbourne FL (321) 722-5200 (Minors)

Circles of Care, 880 Airport Rd.,/Dr. Martin Luther King Jr. Blvd., Melbourne FL (321) 914-0644 (Adults)

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA

IN RE:

CASE NO: _____

(Respondent)

PETITION FOR INVOLUNTARY TREATMENT

By authority of Chapter 397, Florida Statutes

I _____, being duly sworn, hereby state that I have personally observed the behavior of _____, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under Florida Statutes Section 397, and allege:

1. Respondent is an Adult or a Minor
- 2.
3. Petitioner's relationship to the Respondent is:

- Spouse Parent (MINOR)
- Guardian Legal Guardian (of minor)
- Relative Director of Licensed Service Provider
- An adult who has direct personal knowledge of the Respondent's substance abuse impairment and his/her prior course of assessment and treatment.

4. Petitioner alleges that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:

- (a) Describe the reasons why the Petitioner believes that the respondent is substance abuse impaired:

AND

(b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse. Describe the reasons why the Petitioner believes the Respondent has lost self-control:

AND

(c) Due to such impairment, the Respondent is unlikely to voluntarily participate in the recommended service or is unable to determine for himself or herself whether services are necessary.

List dates and locations of previous voluntary treatment, if any, and indicate whether the Respondent left the program or treatment plan before the program ended:

5. Petitioner alleges that (check all applicable AND provide details):

(a) Without service, the Respondent is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being;

If you believe the Respondent is likely to suffer from neglect or refusal to care for himself or herself, describe in detail why you believe the Respondent is posing a real and present threat to his or her well-being.

AND/OR (b) That there is a substantial likelihood that without services the Respondent will cause serious bodily harm to himself, herself, or another in the near future, as evidenced by recent behavior;

If you believe the Respondent has already inflicted physical harm on himself or herself or others **OR** there is a substantial likelihood that the Respondent will inflict physical harm on himself or herself or others, describe in detail why you believe there is a risk of

harm (or what harm has already occurred).

AND/OR (c) 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 or her need for care and of making a rational decision regarding that need for care.

If you believe the Respondent's judgment is so impaired due to substance abuse, provide examples to show how the Respondent cannot appreciate his or her need for care.

6. Petitioner further alleges, if applicable:

Respondent has been placed under protective custody pursuant to F.S. 397.677 within the previous 10 days.

Respondent has been subject to an emergency admission pursuant to F.S. 397.679 within the last 10 days; or

Respondent has been assessed by a qualified professional within the last 30 days

7. The Respondent is:

Represented by an attorney:

Name: _____

Address: _____

Phone #: _____

Not represented by an attorney.

Unknown whether Respondent is represented by an attorney.

8. The Respondent:

Has assets sufficient to pay attorney fees.

Does not have assets sufficient to pay attorney fees.

Unknown whether the Respondent has assets sufficient to pay attorney fees.

9. If an assessment was performed on Respondent by a qualified professional, the examination or assessment of the qualified professional should be attached. If the examination or assessment of the qualified professional is NOT attached, the reason is:

- The Respondent was not assessed before the filing of this Petition;
- OR** The Respondent refused to submit to an evaluation.
- OR** The Petitioner was unable to obtain a copy of the assessment.

10. Availability of treatment at a facility:

- The Petitioner received confirmation from a treatment facility that a room/bed is available for the Respondent.
- OR** The Petitioner contacted treatment facilities, but did not receive confirmation that a room/bed is available for the Respondent.
- OR** The Petitioner has not contacted treatment facilities.
- OR** The Petitioner believes the Respondent contacted treatment facilities for admission in the immediate future.

Provide details of the treatment facilities, including address, phone number, contact person, and financial requirements.

INTENTIONALLY LEFT BLANK

PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Respondent if possible. Picture attached: YES NO

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

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

If yes, please describe: _____

2. Is the Respondent violent now? YES NO UNKNOWN

If yes, please describe: _____

3. Has the Respondent been violent toward anyone, including law enforcement, in the recent past? YES NO UNKNOWN

If yes, please describe: _____

WHERE IS THE RESPONDENT EMPLOYED? (*If applicable*)

(Name of Company and Address)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?

[] YES [] NO If yes, Guardian's Name _____

(Guardian's Full Mailing Address and Phone Number)

DOES THE RESPONDENT HAVE ANY CRIMINAL CHARGES PENDING? YES NO UNSURE

IS THE SUBJECT CURRENTLY INCARCERATED..... YES NO UNSURE

IS THE SUBJECT CURRENTLY ON PROBATION? YES NO UNSURE

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE? YES NO UNSURE

IS THERE ANY PENDING BAKER ACT CASE? YES NO UNSURE

IS THERE ANY PENDING DEPENDENCY CASE? YES NO UNSURE

IS THIS PERSON A VETERAN..... YES NO UNSURE

DOES THE RESPONDENT REQUIRE AN INTERPRETER? IF SO, WHAT LANGUAGE?

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK

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.

Signature of Petitioner: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

**STATE OF FLORIDA
COUNTY OF BREVARD**

SWORN TO OR AFFIRMED AND SUBSCRIBED before me on this _____ day of _____, 20____ by _____.

Notary or Deputy Clerk

- Physical Presence
- Online Notarization
- Personally Known
- Identification Produced: _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, *{full legal name}*, _____, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____

{Apartment, lot, etc.} _____

{City}, _____, *{State}*, _____, *{Zip}* _____

{Telephone No.} _____ *{Fax No.}* _____

E-MAIL ADDRESS:

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

Secondary e-mail address No.1:

Secondary e-mail address No. 2:

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was [check all used] e-mailed mailed faxed hand-delivered to the person(s) listed below on {date} _____.

Other party or his/her attorney:

Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I HAVE READ EVERY STATEMENT MADE IN THIS DOCUMENT AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated E-Mail Address(es): _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the: {choose only one} Petitioner Respondent

This form was completed with the assistance of:

{name of individual} _____
{name of business} _____
{street} _____
{city} _____, {state} ____, {zip code} _____, {telephone number} _____