

PLEASE CIRCLE ONE
BAKER ACT (F.S. 394.451) - SUBSTANCE ABUSE (F.S. 397.301)

PLEASE ANSWER "ALL" QUESTIONS - WRITE N/A FOR ALL THAT DO NOT APPLY

CASE NO: _____

SUBJECTS NAME: _____ **DOB/AGE:** _____ **RACE/SEX:** _____

HEIGHT _____ **WEIGHT** _____ **HAIR** _____ **EYES** _____ **SCARS, TATTOOS** _____

WHERE CAN WE LOCATE SUBJECT HM OR POE: _____

WILL THERE BE ANYONE HOME/POE WITH SUBJECT: _____

ARE THERE ANY OUTSTANDING CHARGES AGAINST THE SUBJECT? YES _____ **NO** _____

DATE OF CHARGES: _____ **DATE OF ARREST:** _____

ARE THERE ANY PROBATE OR DOMESTIC ACTIONS PENDING AGAINST THE SUBJECT? _____

DO YOU HAVE GUARDIANSHIP OVER THE SUBJECT? YES: _____ **NO:** _____

IS THIS THE FIRST SUBSTANCE ABUSE ACT FOR THE SUBJECT? _____

IF NOT; DATE AND PLACE OF ACTION: _____

HAS THE PATIENT SEEN A PSYCHOLOGIST OR PHYSICIAN? YES: _____ **NO:** _____

DATE LAST SEEN: _____ **DOCTOR'S NAME:** _____

IS THE SUBJECT CURRENTLY TAKING THEIR PRESCRIBED MEDICATION: _____

DOES SUBJ HAVE ANY KNOWN COMMUNICABLE DISEASES? _____

HAS THE SUBJECT EVER DISPLAYED SUICIDAL TENDENCIES: _____

IS THE SUBJECT ON ANY MEDICATION THAT WOULD AFFECT HIS/HER CURRENT CONDITION:

_____ **IS THE SUBJECT VIOLENT:** _____

DOES SUBJECT OWN ANY WEAPONS: _____

WHERE ARE THEY KEPT? _____

WHEN WAS HE/SHE LAST SEEN: _____ **THEIR PH NO:** _____

WHAT WAS HE/SHE WEARING: _____

PETITIONERS NAME: _____ **RELATIONSHIP:** _____

IF FRIEND, HOW LONG HAVE YOU KNOWN THE PATIENT: _____

PH NUMBER (HOME) _____ **(CELL)** _____ **(WORK)** _____

HOME ADD & POE: _____

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

IN RE:

CASE NO: _____

Respondent.
_____/

PETITION FOR INVOLUNTARY ASSESSMENT, STABILIZATION & TREATMENT
(Family Member)

Petitioner, being duly sworn petitions this Court to take action under F.S. 397.301, et seq. and states as follows:

1. Respondent _____, is a resident of St. Lucie County, Florida or is currently found in this county. Respondent was born on _____ and his/her address is _____.

2. Petitioner's address is _____, and Petitioner is related to Respondent as: _____.

3. The behavior and conduct of the Respondent has been generally observed by Petitioner within the **LAST THREE DAYS**, and as a result, Petitioner has a good faith reason to believe that Respondent is substance abuse impaired and, because of such impairment has lost, Respondent has lost the power of self-control with respect to substance use; and either (*mark one*)

Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on Respondent or another;

Is in need of substance abuse services and, by reason of substance abuse impairment, Respondent's judgment has been so impaired that Respondent is incapable of appreciating his/her need for such services and of making a rational decision regarding the need for treatment.

4. **WITHIN THE LAST THREE DAYS**, Petitioner has observed or become aware of the following: (*use additional pages if necessary*)

a) Petitioner has personally seen Respondent and observed the following regarding **Respondent's physical appearance**, which Petitioner believes is proof that Respondent is presently abusing drugs and or alcohol:

b) Petitioner has personally seen Respondent and observed the following regarding **Respondent's behavior**, which Petitioner believes is proof that Respondent is presently abusing drugs and/or alcohol:

c) Petitioner has personally seen Respondent and **has heard Respondent say** the following, which Petitioner believes is proof that Respondent is presently abusing drugs and/or alcohol:

d) Petitioner has been told by _____ (name), who (mark one)

is related to Respondent as _____,

is a friend or acquaintance of Respondent,

the following:

Petitioner believes these statements are reliable proof that Respondent is presently abusing drugs and/or alcohol.

e) Petitioner believes Respondent has or will inflict physical harm on himself/herself or others because of the following **statements or actions by Respondent**, which Petitioner has personally seen or heard **WITHIN THE LAST THREE DAYS**:

f) On _____, _____, Petitioner asked Respondent to seek voluntary residential treatment for substance abuse and Respondent (mark one)

refused to seek residential treatment,

denied he/she needed residential treatment, or

failed to seek residential treatment.

5. Petitioner believes Respondent does does not have the money to hire an attorney.

WHEREFORE, Petitioner requests that an order be entered requiring Respondent to submit to an involuntary assessment and stabilization for substance abuse, and an order requiring the involuntary treatment of Respondent for substance abuse.

Petitioner

SWORN TO AND SUBSCRIBED before me on _____, 2009, by the above Petitioner, who produced a photo identification card or driver's license.

Michelle R. Miller
Clerk & Comptroller, St. Lucie County

By: _____
Deputy Clerk

IN THE CIRCUIT COURT OF THE
NINETEENTH JUDICIAL CIRCUIT IN AND
FOR ST. LUCIE COUNTY, FLOIRIDA

IN RE:

CASE NO:

Respondent.

_____ /

APPLICATION FOR COURT APPOINTED ATTORNEY

I am the Respondent in this case and am unable to afford an attorney.

I _____ am not currently employed and do not have other sources of income or assets sufficient to pay an attorney.

_____ am currently employed earning approximately \$ _____ per week and do not have other sources of income or assets sufficient to pay an attorney.

I hereby request the Court to appoint an attorney to represent me in all proceedings in this case.

DATED this _____ day of _____, _____.

Respondent

Sworn to and subscribed before me this _____ day of _____, _____.

NOTARY PUBLIC
STATE OF FLORIDA,
AT LARGE

or

MICHELLE R. MILLER
CLERK & COMPTROLLER
ST. LUCIE COUNTY

My Commission Expires:

By: _____
Deputy Clerk