

This Petition is for
the SECOND STEP
To the Marchman
Act.

An evaluation must
be in the court file
to file this petition.

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

CASE NO. _____

IN RE: _____

DESCRIPTION: SEX _____ AGE: _____ DATE OF BIRTH: _____ RACE: _____

HAIR COLOR: _____ EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

SCARS, MARKS OR TATTOOS: _____

SOCIAL SECURITY NUMBER: _____

PETITION FOR INVOLUNTARY TREATMENT FOR SUBSTANCE ABUSE

I, _____, being duly sworn, hereby state that I have personally observed the behavior and conduct of _____ and that I believe said person is substance abuse impaired and because of such impairment:

- a. Has lost the power of self-control with respect to substance use; and either
- b. Has inflicted or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself/herself or another; or
- c. Is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgment has been so impaired that he/she is incapable of regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his/her need for such services.

The reasons are as follows:

The name and address of the attorney representing _____ is

A copy of the findings and recommendations of the assessment performed by a qualified professional pursuant to a court-ordered involuntary assessment is _____ is not _____ attached.

I hereby Petition the Court to authorize an involuntary treatment for substance abuse pursuant to F.S. 397.675.

Name & Address
of Petitioner

Name & Address
of Petitioner

Name & Address
of Petitioner

Telephone

Telephone

Telephone

Signature

Signature

Signature

Relationship: _____

ID presented: _____

SWORN to and subscribed before me, this _____ day of _____ 20____

By: _____

Deputy Clerk,

CLERK & COMPTROLLER, ST. LUCIE COUNTY

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as ID and who did/did not take an oath.

Commission expires: _____

Notary Public