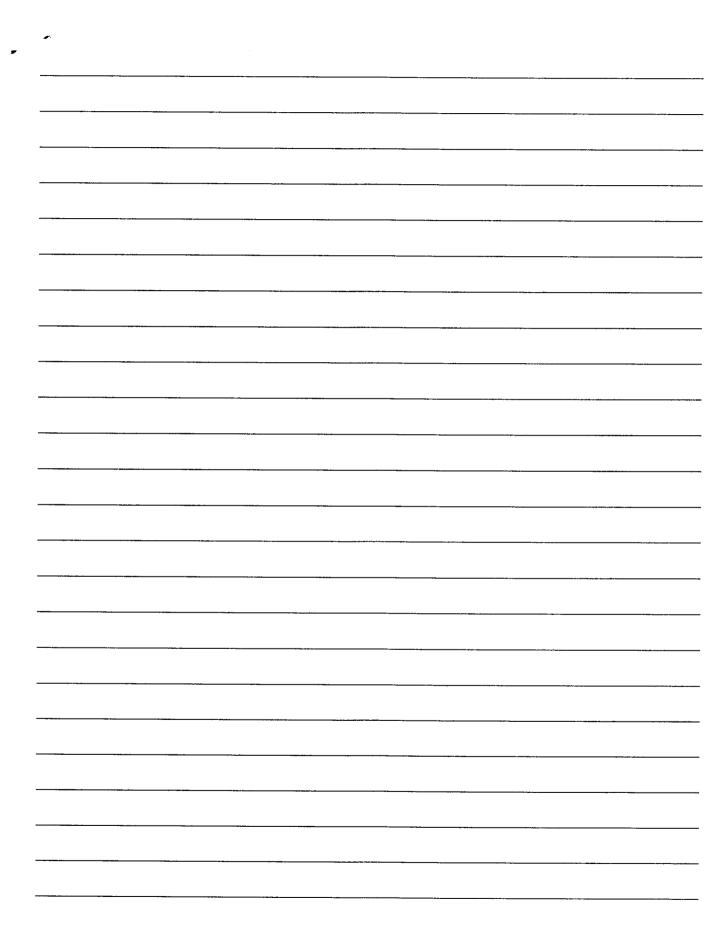
This Petition is for the SECOND STEP
To the Marchman Act.

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.		
INRE	·				
DES	CRIPTION: SEX AGE: DATE OF BI	RTH:	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		
obse	ved 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 subs	tance abuse impairment, his/her judgment		
	has been so impaired that he/she is incapal	ble of regard there	eto; however, mere refusal to receive such		
	services does not constitute evidence of lac	k of judgment with	respect to his/her need for such services.		

The reasons are as follows:



The name and addres	s of the attorney representing	is
	and recommendations of the assess	sment performed by a qualified
professional pursuant to a	a court-ordered involuntary assessn	nent is is not attached.
Thereby Petition the C	ourt to authorize an involuntary trea	tment for substance abuse pursuant to F.S
397.675.		
Name & Address of Petitioner	Name & Address of Petitioner	Name & Address of Petitioner
Telephone		 Telephone
Signature	Signature	Signature
Relationship:	ID presented:	
SWORN to and subscribed	d before me, thisday of	20
Ву:		
Deputy Clerk,		
CLERK & COMPTRO	OLLER, ST. LUCIE COUNTY	
	_	day of, 20, by
as ID and who did/did not		me or who has produced
	Commission expires	:
Notary Public		