

**IN THE CIRCUIT COURT OF THE SEVENTEENTH  
JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA**

*Administrative Order No. 2020-7-PRC*

**ADMINISTRATIVE ORDER AS TO MARCHMAN ACT PROCEDURES**

- (a) Pursuant to Article V, section 2(d) of the Florida Constitution and section 43.26, Florida Statutes, the chief judge of each judicial circuit is charged with the authority and the power to do everything necessary to promote the prompt and efficient administration of justice.
- (b) Florida Rule of Judicial Administration 2.215(b)(2) states that the chief judge is the “administrative officer of the courts within the circuit and shall, consistent with branch-wide policies, direct the formation and implementation of policies and priorities for the operation of all courts and officers within the circuit.”
- (c) Florida Rule of Judicial Administration 2.215(b)(3) states the chief judge “shall, considering available resources, ensure the efficient and proper administration of all courts within [this] circuit.”
- (d) Chapter 397, Florida Statutes, commonly referred to as The Hal S. Marchman Alcohol and Other Drug Services Act (“Marchman Act”), authorizes judges to enter orders, ex parte or after notice and a hearing, authorizing the involuntary assessment and stabilization of individuals, and further requires the court to consider petitions for involuntary services when timely filed.
- (e) The establishment of procedures and implementation of a uniform petition and uniform orders for Marchman Act proceedings is necessary to ensure the efficient and expeditious processing and resolution of such actions.
- (f) In accordance with the authority vested in the chief judge pursuant to Article V, section 2(d), section 43.26, Florida Statutes, and Florida Rule of Judicial Administration 2.215, it is hereby **ORDERED**:

**I. Involuntary Assessment**

- (A) Upon the filing of a petition for involuntary assessment and stabilization pursuant to section 397.6814, Florida Statutes, the Clerk of Court shall forward the

court records to the assigned division judge. Any self-represented party seeking the involuntary assessment and stabilization of another shall use the standard petition attached hereto as Attachment “A”.

(B) Upon receipt of a newly filed petition, the assigned judge may, consistent with the requirements of section 397.6815, Florida Statutes:

- (1) Enter an ex parte order authorizing the involuntary assessment and stabilization of the respondent if it is determined the allegations are legally sufficient to warrant ex parte relief. In this case, the assigned judge shall utilize the order attached hereto as Attachment “B” and shall enter, if appropriate, an order appointing counsel.
- (2) Enter an order requiring a hearing and issue a summons directing the respondent’s appearance at such hearing if it is determined the allegations of the petition are insufficient to warrant ex parte relief. In this circumstance, the assigned judge shall utilize the order attached hereto as Attachment “C” and shall enter, if appropriate, an order appointing counsel. The judge may also enter an order referring the hearing to a general magistrate as provided by law.
- (3) Enter an order denying/dismissing the petition for involuntary assessment and stabilization if the judge determines the allegations do not demonstrate that the respondent meets the criteria for involuntary admission, or that the petition was not executed by the appropriate individual. In this case, the judge shall utilize the order attached hereto as Attachment “D”.

(C) Upon issuance of an ex parte order granting the involuntary assessment and stabilization of a respondent, the judge shall transmit the order to the Clerk of the Court who shall furnish a copy of the petition, ex parte order, and any other document related to the action to the Sheriff of the county in which the respondent resides or can be found, who shall effect service upon the respondent as soon thereafter as possible on any day of the week and at any time of the day or night. The Clerk of the Court shall also furnish to the Sheriff such information on the respondent’s physical description and location. The Sheriff shall file with the court a return indicating service or non-service, as appropriate.

(D) Upon issuance of an order denying ex parte relief and scheduling the petition for a hearing, the judge shall transmit the order to the Clerk of the Court who shall furnish a copy of the petition, ex parte order, and any other document related to the

action to the Sheriff of the county in which respondent resides or can be found, who shall effect service upon the respondent as soon thereafter as possible on any day of the week and at any time of the day or night. The Clerk of the Court shall also furnish to the Sheriff such information on the respondent's physical description and location. If the petitioner is represented by counsel, the judge shall, in addition to transmitting the order to the Clerk for filing and docketing, transmit the order to counsel for the petitioner who may utilize a private certified process server in lieu of the Sheriff. The Sheriff, or counsel for petitioner, as appropriate, shall file with the court a return indicating service or non-service.

(E) A licensed service provider shall conduct an assessment and stabilization of any individual involuntarily admitted pursuant to the Marchman Act within 72 hours of such person's admission to such facility. If such provider is unable to conduct an assessment within 72 hours of the person's admission, the provider may file a written request for an extension of time to complete the assessment. Such request for extension of time shall be furnished to all parties, and a courtesy copy delivered to the assigned division judge. Upon receipt of such filing, the assigned judge may, with or without a hearing, grant additional time not to exceed seven (7) days after the renewal order for the completion of the assessment. The licensed service provider shall file with the Clerk of the Court a notice of disposition pursuant to section 397.6822, Florida Statutes.

## **II. Involuntary Services**

(A) Upon the filing of a petition for involuntary services for a substance abuse impaired person, the Clerk of the Court shall forward the court records to the assigned division judge. Any self-represented party filing a petition for involuntary treatment for a substance abuse impaired person shall utilize the standard petition attached hereto as Attachment "E".

(B) Upon receipt of a petition for involuntary services, the assigned division judge shall determine whether the respondent is represented by counsel and, if appropriate, enter an order appointing the Office of Criminal Conflict and Civil Regional Counsel. The assigned judge shall also issue an order and summons for the respondent to appear for a hearing to be held within five (5) days from the date the petition is filed unless a continuance is granted. The judge shall utilize the order attached hereto as Attachment "F". The hearing may be referred to a general magistrate as provided by law.

(C) The judge shall transmit the order and summons to the Clerk of the Court who shall furnish a copy of the petition, order and summons, and any other document related to the petition for involuntary services to the Sheriff of the county in which the respondent resides or can be found who shall effect service upon the respondent as soon thereafter as possible on any day of the week and at any time of the day or night. The Clerk of Court shall also furnish to the Sheriff such information on the respondent's physical description and location. If the petitioner is represented by counsel, the judge shall, in addition to transmitting the order to the Clerk for filing and docketing, transmit the order to counsel for the petitioner who may utilize a private certified process server in lieu of the Sheriff. The Sheriff, or counsel for petitioner, as appropriate, shall file with the court a return indicating service or non-service.

The uniform petitions and orders attached to this Administrative Order may be amended from time to time without further amendment of this Administrative Order.

This Administrative Order supersedes and vacates Administrative Order 2019-92-PRC.

**DONE AND ORDERED** in Chambers, Fort Lauderdale, Broward County, Florida, this 15th day of January, 2020.

/s/ Jack Tuter  
Jack Tuter, Chief Judge

**Attachment "A"**

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: \_\_\_\_\_,  
Respondent.

CASE NO.: MH-C \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_/

**PETITION FOR INVOLUNTARY ASSESSMENT AND/OR STABILIZATION**  
**(§ 397.6814, Fla. Stat.)**

I, \_\_\_\_\_ hereby state that I am the  
Petitioner

\_\_\_\_\_ of the Respondent and have observed  
relationship to Respondent

\_\_\_\_\_’s behavior and conduct and have reason  
Respondent

to believe that said person is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder, he/she has lost the power of self-control with respect to substance use; and either:

is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard; or

without care or treatment, 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; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another; or

has refused to submit to voluntary assessment.



Is the Respondent represented by an attorney  YES  NO  UNKNOWN

If yes, enter the name and address of respondent's attorney, if known.

\_\_\_\_\_

If not, an attorney will be appointed for the Respondent.

---

Does the Respondent have medical insurance?  YES  NO  UNKNOWN

Provide the names of Respondent's doctors (if known): \_\_\_\_\_

---

I hereby petition the court for the involuntary assessment and stabilization of the Respondent.

The names and addresses of Petitioner, Respondent's spouse or legal guardian if Respondent is an adult, or Respondent's parent or legal guardian/custodian if the Respondent is a minor are:

Petitioner: \_\_\_\_\_

\_\_\_\_\_

Respondent's spouse/legal guardian: \_\_\_\_\_

\_\_\_\_\_

Respondent's parent/legal guardian/custodian: \_\_\_\_\_

\_\_\_\_\_

Name & Address of Respondent: \_\_\_\_\_

---

A recent photograph of Respondent should also be attached to assist the Sheriff in delivering the Respondent to a licensed service provider, if so ordered. Photograph attached?  YES  NO

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING PETITION, AND THE FACTS ALLEGED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

---

PETITIONER

---

DATE

**INFORMATION SHEET**

IN RE: \_\_\_\_\_ CASE NO: MH-C \_\_\_\_\_  
*Name of Subject/Respondent*

ADDRESS WHERE RESPONDENT IS STAYING: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESPONDENT'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESPONDENT'S PHONE NUMBER (CELL): \_\_\_\_\_ (OTHER): \_\_\_\_\_

RESPONDENT'S EMAIL ADDRESS: \_\_\_\_\_

RESPONDENT'S DATE OF BIRTH: \_\_\_\_\_ SSN (IF KNOWN): \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_ FT \_\_\_\_ IN WEIGHT: \_\_\_\_\_

SCARS, MARKS, TATTOOS: \_\_\_\_\_

ALIAS, FRIENDS, HABITS, HANGOUTS, OR OTHER LEADS: \_\_\_\_\_  
\_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED

VEHICLE INFO: MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG: \_\_\_\_\_

ARREST HISTORY:  YES  NO  PENDING CHARGES: \_\_\_\_\_

**PLEASE ATTACH A CURRENT PHOTO OF SUBJECT**

NAME OF PETITIONER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO SUBJECT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Attachment "B"**

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: \_\_\_\_\_,  
Respondent.

CASE NO.: MH-C \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_/

**EX PARTE ORDER FOR INVOLUNTARY ASSESSMENT AND/OR STABILIZATION**

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Assessment and/or Stabilization, pursuant to sections 397.6811, 397.6814 and 397.6815, Florida Statutes. The court, having reviewed the petition and applicable law, and being otherwise duly advised in the premises, determines as follows:

1. A petition seeking the involuntary assessment and/or stabilization of the above named respondent has been filed with the Broward Clerk of Courts, which is the county where the respondent is located. The petition is sworn or verified.
2. The petition was executed by the Respondent's spouse or legal guardian, relative, a private practitioner (as defined in section 397.311, Florida Statutes), the director of a licensed service provider or the director's designee, or an adult who has direct personal knowledge of the respondent's substance abuse impairment.
3. Based upon the contents of the petition, there is good faith reason to believe that the respondent is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder has lost the power of self-control with respect to substance abuse, and either:
  - Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard; or
  - Without care or treatment, 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; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

Accordingly, it is hereby:

**ORDERED** that the ex parte Petition for Involuntary Assessment and/or Stabilization is **GRANTED** as set forth herein. The Office of Criminal Conflict and Civil Regional Counsel is appointed as counsel for Respondent.

**IT IS FURTHER ORDERED**, based upon the allegations in the petition, pursuant to section 397.501(7), Florida Statutes and applicable federal law and regulations, including 42 U.S.C. §290dd-2(a) and 42 C.F.R. §2.64, good cause exists for disclosure by the below-named service provider regarding the identity, diagnosis, prognosis, and treatment of the Respondent in this case. Any objection to the disclosure by the respondent, service provider, or other interested party(ies) shall be made in writing prior to any subsequent hearings in this matter, if any. If no objections are made, the disclosure may occur at the subsequent hearing(s).

**IT IS FURTHER ORDERED** that the Sheriff of Broward County shall take the above named Respondent into custody and deliver or arrange for the delivery of such person to \_\_\_\_\_ (name of licensed service provider), or, if for reasons provided in section 397.6751, Florida Statutes, the treatment provider cannot admit the client to the facility, then to the nearest appropriate licensed receiving facility, for the purpose of assessment and stabilization pursuant to the provisions of Chapter 397, Florida Statutes. If a petition for involuntary treatment is thereafter timely filed, the above named Respondent may be detained at said facility pending further order of the court. Said law enforcement officer or agent may serve and execute this Order on any day of the week, at any time of the day or night, and may use such reasonable physical force as may be necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the above named respondent.

DONE AND ORDERED in Chambers, Fort Lauderdale, Broward County, Florida, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Circuit Judge

Copies to:

Petitioner  
Respondent  
Broward Sheriff's Office

**Attachment "C"**

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: \_\_\_\_\_,  
Respondent.

CASE NO.: MH-C \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_/

**ORDER AND SUMMONS TO APPEAR AT HEARING ON  
PETITION FOR INVOLUNTARY ASSESSMENT AND/OR STABILIZATION**

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Assessment and/or Stabilization of the above-named Respondent. The Court, having reviewed the petition and applicable law, and being otherwise duly advised in the premises, finds as follows:

1. A petition seeking the involuntary assessment and/or stabilization of the above-named Respondent has been filed with the Broward Clerk of Courts, which is the county where the Respondent is located.
2. Based upon the contents of the petition, an ex parte order directing the Respondent into custody and delivered to the appropriate licensed service provider for an involuntary assessment and/or stabilization should not be entered at this time because:

The petition  is  is not sworn or verified.

The petition does not adequately set forth a factual basis that the Respondent meets the criteria for involuntary admission as set forth in section 397.675, Florida Statutes, on an ex parte basis.

Other: \_\_\_\_\_

Accordingly, it is hereby:

**ORDERED** that Petitioner's request for an **ex parte order** authorizing the involuntary assessment and/or stabilization of the above-named Respondent pursuant to Chapter 397, Florida Statutes, is **DENIED**. A hearing on the petition for involuntary assessment and/or stabilization, and specifically on the issue of whether the above-named Respondent should be stabilized and/or assessed, will be heard before \_\_\_\_\_, in Courtroom WW \_\_\_\_\_, Broward County Courthouse, 201 S.E. 6th Street, Fort Lauderdale, Florida 33301, on \_\_\_\_\_ at \_\_\_\_\_ **a.m./p.m.**; or this matter is referred to General Magistrate \_\_\_\_\_, to be heard in Courtroom WW \_\_\_\_\_, Broward County Courthouse, 201 S.E. 6th Street, Fort Lauderdale, Florida 33301, on \_\_\_\_\_ at \_\_\_\_\_ **a.m./p.m.** The Respondent

shall be summoned to appear and is hereby **ORDERED TO APPEAR** at said hearing. Proof of service upon the Respondent shall be required as a condition precedent to the hearing being conducted. In the event the Respondent does not appear and it is not shown that Respondent has not been served, this matter shall be reset. Failure of Petitioner to attend the above scheduled hearing shall result in dismissal of the instant petition.

**IT IS FURTHER ORDERED** that the Office of Criminal Conflict and Civil Regional Counsel is appointed as counsel for Respondent. A copy of the Petition and this Order shall be provided to the Respondent and the Office of Criminal Conflict and Civil Regional Counsel.

**DONE AND ORDERED** in Chambers, Fort Lauderdale, Broward County, Florida, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

Circuit Judge

Copies to:

Petitioner  
Respondent  
OCCRC

**Attachment "D"**

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: \_\_\_\_\_,  
Respondent.

CASE NO.: MH-C \_\_\_\_\_  
DIVISION: \_\_\_\_\_

**EX PARTE ORDER DENYING PETITION FOR INVOLUNTARY ASSESSMENT  
AND/OR STABILIZATION**

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Assessment and/or Stabilization of the above-named Respondent. The Court, having reviewed the petition and applicable law, and being otherwise duly advised in the premises, finds as follows:

1. A petition seeking the involuntary assessment and/or stabilization of the above-named Respondent has been filed with the Broward Clerk of Courts, which is the county where the Respondent is located.
2. Based upon the contents of the petition, an ex parte order directing the Respondent into custody and to be delivered to the appropriate licensed service provider for an involuntary assessment and/or stabilization should not be entered because:
  - The petition  is  is not sworn or verified.
  - The petition does not demonstrate that the Respondent meets the criteria for involuntary admission as set forth in section 397.675, Florida Statutes.
  - The petition is not shown to have been executed by a relative, guardian, legal custodian of a minor, private practitioner (as defined in section 397.311, Florida Statutes), the director of a licensed service provider or the director's designee, or an adult who has direct personal knowledge of the respondent's substance abuse impairment.

Accordingly, it is hereby:

**ORDERED** that Petitioner's request for an order authorizing the involuntary assessment and/or stabilization of the above-named respondent pursuant to Chapter 397, Florida Statutes, is **DENIED**.

**DONE AND ORDERED** in Chambers, Fort Lauderdale, Broward County, Florida, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Circuit Judge

Copies to:

Petitioner  
Respondent  
OCCRC

**Attachment "E"**

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: \_\_\_\_\_,  
Respondent.

CASE NO.: MH-C \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_/

**PETITION FOR INVOLUNTARY TREATMENT AND SERVICES**  
**(§ 397.6951, Fla. Stat.)**

I, \_\_\_\_\_ hereby state that I am the  
Petitioner

\_\_\_\_\_ of the Respondent and have observed  
relationship to Respondent

\_\_\_\_\_’s behavior and conduct and have reason  
Respondent

to believe that said person is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder, he/she has lost the power of self-control with respect to substance use; and either:

is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard; or

without care or treatment, 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; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another; or

has refused to submit to voluntary treatment and services.



Is the Respondent represented by an attorney?  YES       NO       UNKNOWN

If yes, enter the name and address of respondent's attorney, if known.

\_\_\_\_\_

If not, an attorney will be appointed for the Respondent.

---

Does the Respondent have medical insurance?  YES       NO       UNKNOWN

Provide the names of Respondent's doctors (if known): \_\_\_\_\_

---

I hereby petition the court for involuntary treatment and services for the Respondent.      The names and addresses of Petitioner, Respondent's spouse or legal guardian if Respondent is an adult, or Respondent's parent or legal guardian/custodian if the Respondent is a minor are:

Petitioner: \_\_\_\_\_

\_\_\_\_\_

Respondent's spouse/legal guardian: \_\_\_\_\_

\_\_\_\_\_

Respondent's parent/legal guardian/custodian: \_\_\_\_\_

\_\_\_\_\_

Name & Address of Respondent: \_\_\_\_\_

---

A recent photograph of Respondent should also be attached to assist the Sheriff in delivering the Respondent to a licensed service provider, if so ordered. Photograph attached?  YES       NO

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING PETITION, AND THE FACTS ALLEGED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

---

Copies to:      PETITIONER  
                 Respondent  
                 Petitioner  
                 Respondent's attorney, spouse, or guardian (if known)

---

DATE

**INFORMATION SHEET**

IN RE: \_\_\_\_\_ CASE NO: MH-C \_\_\_\_\_  
*Name of Subject/Respondent*

ADDRESS WHERE SUBJECT IS STAYING: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESPONDENT'S HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RESPONDENT'S PHONE NUMBER (CELL): \_\_\_\_\_ (OTHER): \_\_\_\_\_

RESPONDENT'S EMAIL ADDRESS: \_\_\_\_\_

RESPONDENT'S DATE OF BIRTH: \_\_\_\_\_ SSN (IF KNOWN): \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ FT \_\_\_\_\_ IN WEIGHT: \_\_\_\_\_

SCARS, MARKS, TATTOOS: \_\_\_\_\_

ALIAS, FRIENDS, HABITS, HANGOUTS, OR OTHER LEADS: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED

VEHICLE INFO: MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG: \_\_\_\_\_

ARREST HISTORY:  YES  NO  PENDING CHARGES: \_\_\_\_\_

**PLEASE ATTACH A CURRENT PHOTO OF SUBJECT**

NAME OF PETITIONER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO SUBJECT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Attachment "F"**

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

IN RE: \_\_\_\_\_,  
Respondent.

CASE NO.: MH-C \_\_\_\_\_  
DIVISION: \_\_\_\_\_

\_\_\_\_\_/

**ORDER AND SUMMONS TO APPEAR AT HEARING ON  
PETITION FOR INVOLUNTARY TREATMENT**

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Treatment and Services of the above-named Respondent. The Court, having reviewed the petition and applicable law, and being otherwise duly advised in the premises, finds as follows:

1. The Respondent meets the criteria for involuntary admission as provided in section 397.675, Florida Statutes.
2. The Respondent has either: (a) been placed under protective custody pursuant to section 397.677, Florida Statutes within the previous 10 days; (b) been subject to an emergency admission pursuant to section 397.679, Florida Statutes within the previous 10 days; (c) been assessed by a qualified professional within 5 days; (d) been subject to involuntary assessment and stabilization pursuant to section 397.6818, Florida Statutes within the previous 12 days; or (e) been subject to alternative involuntary admission pursuant to section 397.6822, Florida Statutes within the previous 12 days.
3. The petition was executed by the Respondent's spouse or legal guardian, relative, a service provider, or an adult with direct personal knowledge of the Respondent's substance abuse impairment and his or her prior course of assessment and treatment.

Accordingly, it is hereby:

**ORDERED** that a hearing on the petition for involuntary treatment, and specifically on the issue of whether the Respondent should be court-ordered to undergo involuntary substance abuse treatment and services, shall be heard before General Magistrate \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. in Courtroom WW \_\_\_\_\_, Broward County Courthouse, 201 S.E. 6th Street, Fort Lauderdale, Florida 33301. The Respondent shall be summoned to appear and is hereby **ORDERED TO APPEAR** at said hearing.

**IT IS FURTHER ORDERED** that the Office of Criminal Conflict and Civil Regional Counsel is appointed as counsel for Respondent.

**IT IS FURTHER ORDERED** that a copy of the Petition and this Order shall be provided to the Petitioner, counsel for Petitioner, if applicable, Respondent, and counsel for Respondent.

**DONE AND ORDERED** in Chambers, Fort Lauderdale, Broward County, Florida, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Circuit Judge

Copies to:  
All parties