

**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), was enacted 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.

1. The Petitioner must complete all parts of the PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES and file it with the Palm Beach County Clerk of Court. Please provide detailed, factual allegations based on first-hand knowledge (your own observations of the Respondent's behavior and statements). The Petition must be legible. 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. If in possession of the assessment, it should be filed with the Petition. If not in possession of the assessment at the time of filing the Petition, the Petitioner must make sure the assessment is filed with the court **no later than** the ordinary close of business on the day prior to the scheduled hearing.

b. **Petition filed without an Assessment:** If no assessment was done by a qualified professional prior to filing the Petition, the lack of an assessment or refusal must be noted in 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 may wish to find 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. The cost of treatment is not paid for by the Court.

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

3. The Petitioner and Respondent have 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. Each party is responsible for presenting evidence, including documents, witnesses, and expert witnesses. **The Petitioner is not entitled to a court-appointed attorney.**

PLEASE PRINT LEGIBLY

Division: Probate/Mental Health  
INFORMATION/DESCRIPTION SHEET  
TO: THE PALM BEACH COUNTY SHERIFF'S OFFICE

Case No. \_\_\_\_\_ Division: \_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

AKA (also known as): \_\_\_\_\_

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

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

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

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

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

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

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ TATTOOS: \_\_\_\_\_

DL/STATE ID: \_\_\_\_\_ SS#: \_\_\_\_\_

DISTINGUISHING MARKS FEATURES: \_\_\_\_\_

ADDITIONAL INFORMATION THAT WOULD ASSIST WITH SERVICES: \_\_\_\_\_

\_\_\_\_\_ BEST TIME TO SERVE: \_\_\_\_\_

PETITIONER'S NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_ RELATIONSHIP TO RESPONDENT: \_\_\_\_\_

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

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

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

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

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA

IN RE: \_\_\_\_\_ CASE NO: \_\_\_\_\_

**Petition and Affidavit for Involuntary Treatment Services**  
**[Marchman Act]**  
***Pursuant to Florida Statute Chapter 397***

I (We) \_\_\_\_\_, being duly sworn, am (are) filing this sworn statement requesting a court Order for Involuntary Treatment Services for Substance Abuse under the Marchman Act of \_\_\_\_\_,  an adult or  a minor (hereinafter referred to as Respondent). (Name of Person)

The Petitioner(s) has(have) a good faith belief that the Respondent meets the criteria for Involuntary Admission because: *(Check one)*

- The Respondent is substance abuse impaired; **OR**  
 The Respondent has a substance abuse disorder and a co-occurring mental health disorder.

The Petition and Affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form; (1) the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization; (2) If this Petition should be granted, the Respondent's name will be placed on the statewide Mental Competency Database (MECOM).

**I SWEAR AND AFFIRM** that the answers to the following questions are given honestly, in good faith, to the best of my knowledge, and for no ulterior purpose.

**Assessment Status:** *(Check one)*

- 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 previous 10 days;  
 Respondent has been assessed by a qualified professional within 30 days;

**If assessed:** *(Check one)*

- A copy of the Assessment is attached; or  
 A copy of the Assessment will be filed with the Clerk of the Circuit Court by the qualified professional no later than the ordinary close of business on the day before the scheduled hearing. *[Petitioner(s) will bring a copy to the scheduled hearing.]*

**OR**

- Petitioner(s) is(are) seeking court ordered involuntary assessment and stabilization pursuant to F.S. 397.6818.

**Exigent Circumstances:**

- I/We, the Petitioner(s), allege that exigent circumstances exist requiring the issuance of an ex parte Order for assessment and stabilization of the Respondent.

Describe in detail the exigent circumstances that cause you to believe the Court should treat this as an emergency:

---

---

---

---

**1. PARTY ADDRESSES:**

a. The Petitioner lives at (print full residential address):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b. The Respondent lives at (RESIDENTIAL ADDRESS):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c. The Respondent *may be found at (non-residential address)*:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Respondent *may be found at (non-residential address)*:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Respondent *may be found at (non-residential address)*:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. I have the following relationship with the Respondent: (Check one)**

- Spouse  
 Legal Guardian  
 Relative \_\_\_\_\_  
 Service Provider  
 Adult with direct personal knowledge of the Respondent's substance abuse impairment and prior course of assessment and treatment.

**3. The Respondent: (Check as many as apply)**

- Has mental health issues;  
 Is a minor;  
 Has assets sufficient to pay attorney fees;  
 Does not have assets sufficient to pay attorney fees; or  
 It is unknown whether the Respondent has assets sufficient to pay attorney fees.

4. I  am  am not on good terms with the Respondent at the present time.

*If not on good terms, please explain why:*

---

---

---

**IF** there is a domestic violence injunction a.k.a. restraining order, no contact order, dissolution of marriage, other family proceeding, pending eviction, or any other legal dispute involving the parties, or a family member, please provide the **case number and location of the Court** below:

---

---

---

abuse, or neglect, Baker Act, neighborhood disputes, etc.. *If allegations have been made describe below:*

---

---

---

6. This Person  has  has not previously made allegations to law enforcement about me or my family on \_\_\_/\_\_\_/\_\_\_ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. *If allegations have been made, describe below:*

---

---

---

7. This Person  has  has not previously (or currently) been involved in criminal or delinquency charges. *If so, explain below:*

---

---

8. I have known the Respondent for \_\_\_\_\_ (how long)

- The Respondent has only recently displayed behavior related to substance abuse impairment or disorder.
- The Respondent has, over a period of time, had a substance abuse impairment or disorder. If so, specify how long: \_\_\_\_\_

**CHECK AND COMPLETE THE FOLLOWING IF APPLICABLE:**

9. I  do, OR  do not, believe that the Respondent is substance abuse impaired (defined in s. 397.311(19), F.S., as a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or cause socially dysfunctional behavior).

If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

10. I  do, OR  do not, believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

---

11. I  do, OR  do not,, believe that because of such impairment or disorder, the Respondent has lost the power of self-control to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

---

12. I  do, OR  do not, believe the Respondent 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 or such services and of making a rational decision in that regard. If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

---

13. I  do, OR  do not, believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

---

14. I  do, OR  do not, believe that such harm may be avoided through the help of willing, able and responsible family members or friends or the provision of other services. If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

---

15. I  do, OR  do not, believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If so, *explain why* (i.e., observation, related knowledge, etc.).

---

---

---

16.  (a.) I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

---

---

---

(b.) I did not try to get the Respondent to agree to a voluntary assessment or treatment because:

---

---

---

(c.) The Respondent refused a voluntary assessment or treatment because:

---

---

---

18. Does the Respondent have access to any weapons?  Yes  No  Unknown

If yes, please describe the type of weapon(s) and their location(s) if known:

---

---

19. Has the Respondent been violent toward anyone, including law enforcement, in the recent past?

If yes, please describe:

---

---

20. Is the Respondent violent now?

If yes, please describe:

---

---

21. Does the Petitioner(s) or the Respondent require the assistance of an interpreter?

Yes or  No. If YES, please identify the type of interpreter required \_\_\_\_\_

22. Does the Respondent have a Legal Guardian?  Yes  No  Unknown

22. Is there a pending petition to determine the Respondent's capacity and to appoint a guardian?

Yes  No  Unknown

**23. If YES, to either question 21 or 22 above, provide the name, address, and phone number of the current or proposed guardian, along with a copy of the Letters of Guardianship if issued.**

**Guardian Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Respondent's Physician	
Doctor's Office _____	Phone Number _____
Physician's Name _____	Email _____
If provided, please describe: _____	
_____	
_____	
_____	
Insurance Company _____	Policy Number _____
Contact Number _____	



**I understand that this sworn statement is given under oath and will be treated as though it was made before a Judge in a court of law. 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 statues 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.**

ESERVICE/EMAIL OF PETITIONER(S) \_\_\_\_\_

Signature of Petitioner(s) \_\_\_\_\_

\_\_\_\_\_

**Petitioner's Signature can be verified by a Notary Public or by the Clerk of the Court**

Sworn to (or affirmed) and subscribed before me by means of [  ] physical presence or [  ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally know to me or who has produced \_\_\_\_\_ as identification.

[Notary Seal]

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
Name Typed, printed, or stamped

My Commission Expires: \_\_\_\_\_