

Substance Abuse/Marchman Acts

Clerks of Court accept petitions for Baker Act (Chapter 394, Florida Statutes) and Marchman Act (Chapter 397, Florida Statutes) to protect individuals and families dealing with mental health and substance abuse issues.

Under the Marchman Act, law enforcement officers can take a person under protective custody to a hospital, home, or licensed care facility for examination.

The Marchman Act provides for voluntary admissions and involuntary assessment, stabilization, and treatment of adults and youth who are severely impaired due to substance abuse.

CASE NUMBER: _____

PERSON TO BE SERVED: _____

LAST KNOWN LOCATION:

DATE OF BIRTH: _____

SEX: _____

RACE: _____

HEIGHT: _____

WEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

SPECIAL INSTRUCTIONS TO P.C.S.O.: _____

PETITIONER'S MAILING ADDRESS AND PHONE NUMBER:

PETITIONER'S SIGNATURE: _____

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR
PUTNAM COUNTY, FLORIDA

IN RE: _____ CASE NO. _____
RESPONDENT

Petition for Involuntary Substance Abuse Assessment and Stabilization

I, _____, being duly, am filing this sworn statement requesting a court order for the
involuntary assessment of _____ (hereinafter referred to as Person).
Print Name of Petitioner
Print Name of Person

Is the Person eighteen (18) years of age or older? ☐ Yes ☐ No Age of Person (if known): _____

The petition and affidavit will be included in the Person's clinical record and may be viewed by the Person. I understand that by filling out this form, the Person may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a. Petitioner lives at (print full residence address): Phone (including area code): _____

Street Address	City	State	Zip
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b. The Person lives at, or may be found at:

Street Address	City	State	Zip
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Street Address	City	State	Zip
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2. I have the following relationship with the Person: _____

3. I am on good terms with the Person at the present time (check one box). ☐ Yes ☐ No If "no", please explain:

4. Check the box that applies:

☐ a. I or a family member ☐ have ☐ have not previously made allegations to law enforcement involving this Person on _____ (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described: _____

☐ b. 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. as described: _____

☐ c. The Person ☐ has ☐ has not previously (or currently) been involved in criminal or delinquency charges.

5. Check the box that applies:

☐ a. I or a family member am not now, and have not in the past, been involved in a court case with the Person.

☐ b. I or a family member am now, or was, involved in a court case with the Person. This case is/was a:

_____ in _____
(Type of case) (When)

Explain: _____

6. I have known the Person for _____ (how long)
- ☐ a. The Person has only recently displayed behavior related to substance abuse.
- ☐ b. The Person has, over a period of time, had a substance abuse problem. Specify how long: _____

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

- ☐ 7. I believe that the Person is substance abuse impaired because: _____

- ☐ 8. I believe that because of such impairment, the Person has lost the power of self-control with respect to substance abuse for these reasons: _____

- ☐ 9. I believe the Person is in need of substance abuse services by reason of substance abuse impairment because: _____

- ☐ 10. Without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself because: _____

- ☐ 11. Other similar behavior I have personally seen as follows: _____

12. ☐ a. I have attempted to get the Person to seek assistance for a substance abuse problem(s) as follows: _____

- ☐ b. I did not try to get the Person to agree to a voluntary assessment or treatment because: _____

- ☐ c. The Person refused a voluntary assessment or treatment because: _____

13. The name of the Person's attorney is (if any): _____

Please provide the following identifying information about the Person (if known) if it is determined necessary to take the PERSON into custody for examination:

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Person if possible. Picture attached: ☐ Yes ☐ No

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does the Person have access to any weapons? ☐ Yes ☐ No

If yes, please describe: _____

Is the Person violent now? ☐ Yes ☐ No

If yes, please describe: _____

Has the Person been violent in the past? ☐ Yes ☐ No

If yes, please describe: _____

Does the Person have any pending criminal charges against him/her? ☐ Yes ☐ No

If yes, please describe: _____

Does the Person have a legal guardian? ☐ Yes ☐ No

If yes, who? _____

Is there is a pending petition to determine the Person's capacity and to appoint a guardian? ☐ Yes ☐ No

If yes, provide the name, address and phone number of the current proposed guardian:

Name: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Physician's Name: _____ Phone: _____

Provide name of medications, if known: _____

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, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Petitioner: _____

Sworn and subscribed before me on _____, by _____
(name), who is ☐ personally known to me ☐ produced _____ (document) as identification
and who took an oath.

Notary Public/Deputy Clerk

Name: _____

Commission No. _____

My Commission Expires: _____