

Marchman Act Forms

The Marchman Act forms included in this Handbook are recommended, but not required. Persons and organizations using these forms may adapt them to local needs.

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Application for Voluntary Admission

I, _____ do hereby apply for admission to:

Fill in name of facility

for assessment, stabilization or treatment of my substance abuse impairment, and I certify that the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this facility is:

I have been provided with a written explanation of my rights and they have been fully explained to me. I understand that I may be billed for the cost of my treatment.

Client's Signature

Date (mm/dd/yyyy)

Time am/pm

Signature of Witness

Date (mm/dd/yyyy)

Time am/pm

Notice of Voluntary Client's Right To Request Discharge Part I

A voluntary client may request discharge either orally or in writing at any time following admission to the facility. If the request for discharge is made by a person other than the client, the discharge may depend on the express and informed consent of the client.

If you request discharge you will be discharged within _____ hours after your request unless you withdraw your request or you meet the criteria for involuntary treatment. If you meet the criteria for involuntary treatment, the facility administrator may file a petition with the court and you will be detained without your consent, pending a court hearing.

If you wish to request discharge at any time during your stay at this facility, complete the Application for Discharge below. No action on your part is required, unless you wish to make arrangements for release.

The procedure for requesting discharge has been explained to me and I have had the opportunity to ask questions and receive answers about my right to request discharge.

Printed Name of Client	Signature of Client	Date (mm/dd/yyyy)	_____ am pm Time
Printed or Typed Name of Witness	Signature of Witness	Date (mm/dd/yyyy)	_____ am pm Time

Part II Application for Discharge

I, _____ hereby apply for my release.

Signature of Client or Authorized Person	Date (mm/dd/yyyy)	_____ am pm Time
--	-------------------	---------------------

Part III Withdrawal of Application for Discharge

I, _____, freely and voluntarily rescind my previous oral or written Application for Discharge. No force, fraud, deceit, duress, or other form of constraint or coercion were used to obtain this withdrawal of my Application for Discharge.

Signature of Client	Date (mm/dd/yyyy)	_____ am pm Time
Signature of Witness	Credentials of Witness	Date (mm/dd/yyyy) _____ am pm Time

**Application for Involuntary Emergency Admission
For Substance Abuse**

I, _____ have personally observed the behavior of _____
(applicant) (person whose care is sought)
And believe he/she meets the criteria for emergency admission for substance abuse assessment and stabilization under chapter 397.6791 F.S. (Marchman Act).

INVOLUNTARY EMERGENCY ADMISSION CRITERIA:

I believe the person is substance abuse impaired because: _____

AND

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

_____:

AND EITHER

I believe that the person has inflicted or is likely to inflict physical harm on himself/herself or others unless admitted because: _____

_____:

OR,

I believe that the persons refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the person is incapable of appreciating his/her need for care and of making a rational decision regarding his/her need for care because: _____

_____:

Involuntary Emergency Admission Request:

I request that the above named person be admitted for involuntary emergency admission due to substance abuse and a Physician's Certificate is attached. The information given in this application is true and correct.

Signature of Applicant: _____ Date: _____ Time _____

Witness Signature: _____ Date _____ Time _____

A signed copy of the Physician's Certificate must accompany the person and shall be made a part of the person's clinical record, together with a signed copy of the application. See back of form for Law Enforcement assistance

**Application for Involuntary Emergency Admission
for Substance Abuse**
(continued)

TRANSPORTATION ASSISTANCE

The applicant, the person's spouse or guardian () are able or () are not able to provide transportation to deliver the person for emergency admission. The person may be found at: _____

_____. The following information is provided if needed to find the person so they may be taken into custody for involuntary emergency admission:

County of Residence: _____ Street Address: _____

Age: _____ Race: _____ Sex: _____ SS# _____

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

Does person have access to any weapons? yes no If yes, describe:

Is the person violent now? yes no If yes, describe _____

Does the person have any pending criminal charges against him/her? yes no If yes, describe _____

Does the person have a legal guardian? yes no If yes, who _____

Physician Certificate for Emergency Admission

I certify that I have personally examined _____
on _____ at _____ am/pm. Based on my examination, I conclude that the above
(date) (time)
named person is substance abuse impaired and is appropriate for emergency admission for substance abuse. This examination was performed within 5 days of the date of the application for admission.

My relationship to the person is: _____

My relationship to the applicant is: _____

My relationship to the licensed service provider is: _____

The person named above meets the following criteria for emergency admission:

1. The person named above is substance abuse impaired because: _____

AND

2. Because of such impairment, the person has lost the power of self-control with respect to substance abuse for these reasons:

AND EITHER

3. The person has inflicted or is likely to inflict physical harm on himself or others unless admitted because:

OR

4. The person's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the person is incapable to appreciating his/her need for care or of making a rational decision regarding his/her need for care because: _____

Recommended Level of Care:

Hospital Detoxification Center Addiction Receiving Facility Less Restrictive (assessment only)

Signature of Physician: _____ Date: _____ Time _____ an/pm

Printed Name of Physician: _____ Phone # _____ License # _____

A signed copy of the Physician's Certificate must accompany the person and shall be made a part of the person's clinical record, together with a signed copy of the application. See back of form for Law Enforcement assistance.

See 397.769, FS

MARCHMAN ACT

Physician Certificate for Emergency Admission

A law enforcement officer is requested to provide transportation assistance for the said person for emergency substance abuse admission to the following facility: _____

Located at _____.

The person's present location is at: _____

If the person's present location is unknown, the following information is provided to assist law enforcement in finding the person so they may be taken into custody for involuntary emergency substance abuse admission:

County of Residence: _____ Street Address: _____

Age: _____ Race: _____ Sex: _____ SS# _____

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

Does person have access to any weapons? yes no If yes, describe: _____

Is the person violent now? yes no If yes, describe _____

Does the person have any pending criminal charges against him/her? yes no If yes, describe _____

Does the person have a legal guardian? yes no If yes, who _____

**APPLICATION FOR ALTERNATIVE INVOLUNTARY ASSESSMENT FOR A MINOR
IN ADDICTIONS RECEIVING FACILITY**

By authority of Chapter 397.6798, Florida Statutes

I, _____, hereby state that I have personally observed the behavior of _____, and have a good faith reason to believe that he/she is a minor and substance abuse impaired and allege:

The Minor meets the criteria for involuntary admission as provided below in that:

(a) Applicant believes that the Minor is substance abuse impaired, as evidenced by (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Drug related law violation | <input type="checkbox"/> Drug-related weight loss |
| <input type="checkbox"/> Stealing to support drug use | <input type="checkbox"/> Aggressive or violent behavior |
| <input type="checkbox"/> Drug-related incident at school | <input type="checkbox"/> Severe mood swings |
| <input type="checkbox"/> Obvious signs of impairment | <input type="checkbox"/> Stealing parent's liquor |
| <input type="checkbox"/> Found drugs with belongings | <input type="checkbox"/> Taking parent's medication |
| <input type="checkbox"/> Possesses paraphernalia | Other: _____ |

(b) Because of such impairment the Minor has lost the power of self-control with respect to substance abuse, (such as disruptions caused in school, with the law, with peers, and/or with family) as evidenced by: _____

AND

(c) _____ The Minor has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: _____

OR,

_____ The Minor's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the Minor is incapable of appreciating his/her need for care and making a rational decision regarding his/her need for care (what you have done to get your son or daughter into treatment), as evidenced by: _____

Applicant's Name: _____ Signature: _____
(Please Print) Parent Guardian Legal Custodian

Address: _____
Phone Number: _____

NOTE: All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397. 501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.

IN THE CIRCUIT COURT OF THE
_____ JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:
_____ /

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization

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

The PERSON is 18 years of age or older? yes or no Age of PERSON: _____

This 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. I live at: (Print Your Full Residence Address and Phone Number) Phone: (____) _____
Street Address: _____ City _____ ST _____ Zip _____

b. The PERSON lives at, or may be found at, the following address(es):
Street Address: _____ City _____
Street Address: _____ City _____

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 or 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, etc. as described: _____

b. This PERSON has or 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, etc. as described: _____

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization Page 2

c. This PERSON has or has not previously or currently criminal/delinquency charges.

5. (Check the one box that applies)

a. I or a family member are 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 (defined in the law as the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior): _____

8. I believe that the PERSON has lost the power of self-control with respect to substance use because:

9. I have seen the following behavior, which causes me to believe that the that the PERSON has inflicted, or threatened or attempted to inflict, or unless admitted for assessment is likely to inflict, physical harm on himself or herself or someone else On _____ at approximately _____ am pm, I saw the PERSON:
Date Time

10. Other similar behavior I have personally seen is as follows: _____

11. I believe the PERSON is in need of substance abuse services because 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 about services because (a mere refusal to receive services is not enough to constitute lack of judgment): _____

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization page 3

12. To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation, developmental disability, or conditions resulting from antisocial behavior.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

13. a. I have attempted to get the PERSON to agree 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: _____

14. I have made arrangements for the PERSON to be admitted to _____ Facility located at _____ for voluntary assessment and stabilization.

15. The name of the PERSON's attorney is (if any): _____

16. PERSON can cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the PERSON.

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:	Social Security No.:	Date of Birth	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Attach a picture of the PERSON if possible -Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the PERSON t been violent in the recent past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and to appoint a guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.			
Name: _____ Phone: (_____) _____			
Address: _____ City: _____ 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 done in good faith may expose me to a penalty for perjury and other possible penalties under the statutes 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.

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization page 4

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me **OR**
this _____ day of _____,
by _____ who is
Florida
personally known to me or presented
_____ as identification.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____
clerk of Circuit Court _____ County,
By: _____
Deputy Clerk

Notary Public - State of Florida
My Commission expires: Date _____

A copy of this petition must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.

IN THE CIRCUIT COURT OF THE

JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

Case No: _____

Respondent:

_____/

EX-PARTE
ORDER FOR INVOLUNTARY ASSESSMENT AND STABILIZATION FOR SUBSTANCE ABUSE
(Pursuant To Sec. 397.6815(2), Florida Statutes)

Pursuant to Florida Statutes Chapter 397, the Court finds there is a reasonable basis to believe the Respondent meets the criteria for involuntary assessment and stabilization based on the following:

- (a) The Petition for Involuntary Assessment and Stabilization was filed by: _____
_____, who is/are given the authority by Florida Statutes Chapter 397.6811(1), to file.
- (b) The Respondent is substance abuse impaired, as defined by Florida Statutes Chapter 397.311 (16), as evidenced by: _____
- (c) The Respondent meets the involuntary admission criteria of s.397.675, Florida Statutes, as evidenced by

_____.
- (d) The most appropriate and available, least restrictive alternative is the Designated Service Provider named below:

_____.
- (e) The Respondent:
 Waived the right to an attorney.
 Was represented by an attorney.
- (f) The Respondent:
 Was present at the hearing.
 Was not present at the hearing.

IT IS ORDERED that based on the above findings:

- The Petition for Involuntary Assessment and Stabilization is **GRANTED**.
- The Petition for Involuntary Assessment and Stabilization is **DENIED**.
- A law enforcement officer take the Respondent, _____ into custody and deliver the Respondent to the licensed service provider listed above. If not

otherwise specified, the law enforcement officer is to transport respondent to the nearest appropriate licensed service provider, for an involuntary assessment for a period not to exceed five days.

- a.) The Facility shall notify the Court in writing under oath if the Respondent fails to appear for the assessment.
- b.) The Respondent is subject to contempt of court and a jail sentence for failure to comply with this Order.
- c.) The assessment period begins when the Respondent is admitted to the Facility pursuant to this Order.

DONE AND ORDERED IN _____, _____ County,
(Town) (County)

Florida, this _____ day of _____, 20____.
(Day) (Month)

Signature: Circuit Judge

Note: All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397.501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.

Copies to be furnished To: Respondent
Respondent's Attorney
Petitioner(s)
Service Provider
Law Enforcement

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:
_____ /

Notice of Right to Counsel and Request for Appointment of Counsel

YOU ARE HEREBY NOTIFIED that a petition for a hearing on involuntary substance abuse assessment and/or treatment on your behalf has been filed with the Court. Chapter 397, Florida Statutes requires that you be informed of your right to be represented by counsel at any stage of an involuntary proceeding for assessment, stabilization, or treatment and that you may apply immediately to the court to have an attorney appointed if you cannot afford one. If you are a minor, your parent, legal guardian, or legal custodian may apply for the appointment of an attorney. .

If you desire counsel and are unable to afford private counsel you have the right request to court-appointed counsel. If the court believes that you need the assistance of counsel, the court shall appoint such counsel for you without regard to your wishes. If you are a minor not otherwise represented in the proceeding, the court will immediately appoint a guardian ad litem to act on your behalf.

Please check the boxes below, as appropriate:

1. I am an adult minor
2. I do do not wish to have counsel appointed on my behalf
3. I do do not have private counsel
4. I can cannot afford private counsel

WHEREFORE, I respectfully request that this Court appoint counsel to represent me. I am filing this REQUEST FOR APPOINTMENT OF COUNSEL with the Clerk of Court prior to my hearing scheduled on the following date _____ so that an attorney can be appointed in time for the hearing. I certify that I do not have assets which would suffice for the payment of an attorney's fee for representing me in a hearing on the question of confinement for the purpose of involuntary assessment/stabilization or treatment.

Printed Name of Respondent

Signature of Respondent

Date (mm/dd/yyyy)

FORM MA-9

See s. 397501(8) and 397.681(2), Florida Statutes

MARCHMAN ACT

IN THE CIRCUIT COURT OF THE
_____ JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:

_____ /

Order Setting Hearing on Involuntary Assessment and Stabilization, Order of Referral to General Master and Order Appointing Attorney

THIS CAUSE coming on to be heard before the Court's own motion upon receipt of a petition for substance abuse involuntary assessment and stabilization of _____, it is ORDERED:

1) That a hearing will be conducted on the Petition for involuntary assessment and stabilization at, _____ on the ___ day of _____, 20___, at ___:___ M. The basis for this hearing and the possible involuntary detention which may result therefrom is a Petition for Involuntary Assessment and Stabilization executed by _____, alleging that the criteria required by Florida Statute are satisfied.

2) That absent further Order of this Court, all matters not specifically set before the Judge are hereby referred to the presiding General Master of this Court for further proceedings pursuant to Rule 1.490 of the Florida Rules of Civil Procedure and current Orders of the Court, and said General Master is authorized to require such investigations and examinations and hold such hearings as may be deemed necessary, and shall report back to this Court the Master's findings and recommendations, as soon as practicable.

3) That _____ UPON THE COURT'S OWN MOTION, the above named person, appearing to be indigent and needing the assignment of counsel, thereupon, it is,

_____ HAVING RECEIVED AN AFFIDAVIT OF INDIGENCY, signed by the above named person requesting the assignment of counsel, thereupon, it is,

ORDERD AND ADJUDGED THAT _____, is hereby appointed to represent the person for all proceedings that arise under this petition for substance abuse involuntary assessment and stabilization.

DONE AND ORDERED on this ___ day of _____, 20___, in _____ County, Florida.

CIRCUIT JUDGE

CC: Hearing Master
Public Defender
Respondent

IN RE:

CASE NO.:

Respondent:

_____/

Order to Appear at Hearing, and Denying Ex Parte Assessment/Stabilization

THIS MATTER came to be considered pursuant to sections 397.6814, and 397.6815, Florida Statutes, upon a petition for ex parte order authorizing the involuntary assessment and/or stabilization of the above-named person. The Court, having considered the petition, finds as follows:

1. An ex parte order directing a law enforcement officer to take the above-named person into custody and deliver said person to the nearest appropriate licensed service provider should not be entered at this time, because:

___ The petition does not demonstrate that the above-named person meets the criteria for involuntary admission set forth in section 397.675, Florida Statutes.

___ The petition is not shown to have been executed by a relative, guardian, private practitioner as defined in the law, the director or director's designee of a licensed service provider, or three adults with personal knowledge.

___ Other: _____

Whereupon, it is

ORDERED

___ No ex parte order requiring stabilization and/or assessment shall be entered at this time; any request for such order is DENIED.

___ Hearing will be scheduled and will be conducted within 10 days hereof.

___ Hearing on this matter, and specifically on the issue of whether the above-named person should be assessed and/or stabilized, shall be conducted at _____ a.m./p.m., on _____, _____ at _____.

___ A copy of the petition and this order shall be provided to the above-named person shall be summoned to appear and is hereby ORDERED TO APPEAR at said hearing. A copy of this order shall be served on the petitioner(s), and the above-named person's spouse or guardian, if known, and the parent(s) if the above named person is a minor. **Failure of the above-named person to appear at the hearing may result in an order to detain and contempt proceedings.**

ORDERED in _____ County, Florida, this _____ day of _____, _____.

Printed Name of Circuit Court Judge

Signature of Circuit Court Judge

IN THE CIRCUIT COURT OF THE
_____ JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:
_____ /

**Notification to Court of Withdrawal of Petition
For Hearing on Involuntary Substance Abuse Assessment and Stabilization**

Please withdraw my Petition filed on _____. For involuntary substance abuse
Date (mm/dd/yyyy)

assessment and stabilization for _____
Client

This petition is being withdrawn for the following reasons: _____
:

Signature of Petitioner _____ Date (mm/dd/yyyy) _____ am pm

Printed Name of Petitioner

cc: Clerk of the Court (Probate Division) Client Guardian Client's Attorney

Telephone notification to all parties, including family members and other persons expected to attend or testify should occur immediately after the decision to withdraw the petition is made.

IN RE:

CASE NO.:

Respondent:
_____ /

Order Requiring Involuntary Examination under the Baker Act and Discharge of Person under the Marchman Act

THIS MATTER came to be heard pursuant to s. 397.6811, F.S., on the issue of whether the above-named person should be ordered into involuntary assessment and stabilization for substance abuse, and the court having considered testimony and evidence and having heard the argument of counsel, has concluded as follows:

However, there is reason to believe that the above-named person is mentally ill, and, because of such mental illness, has

- Refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or the person is unable to determine for himself or herself whether examination is necessary; and
- Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and 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 a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

The above-named person is ordered to undergo an involuntary examination pursuant to s. 394.4637(2), Florida Statutes at the nearest designated receiving facility.

Whereupon, it is ORDERED

- That the above-named person shall be discharged this date from any involuntary detention or treatment for substance abuse impairment pursuant to Chapter 397, Florida Statutes.
- That the above-named person shall be admitted to the nearest receiving facility for involuntary examination
- _____ shall take the above-named person into custody and deliver said person to the nearest receiving facility for involuntary examination.

DONE AND ORDERED in _____ County, Florida, this ___ day of _____, __

Printed Name of Circuit Court Judge

Signature of Circuit Court Judge

IN RE:

CASE NO.:

Respondent:
_____ /

Order for Involuntary Assessment and Stabilization – Marchman Act

THIS CAUSE came to be heard by the Court pursuant to Chapter 397, Florida Statutes, upon a petition for court-ordered involuntary assessment and stabilization. The Court, being fully advised in the premises, finds as follows:

1. The petition was executed by a relative, guardian, private practitioner as defined In the Marchman Act, the director or director's designee of a licensed service provider, or three adults with personal knowledge of the above-named person's impairment and condition.
2. The above-named person, having been duly and properly summoned, did appear at the hearing.
____ Said person was represented by counsel (or)
____ The appointment of counsel was not deemed appropriate, or was waived.
3. The above-named person meets the criteria for involuntary admission for assessment and stabilization pursuant to section 397.675, and 397.6811, Florida Statutes:
There is good faith reason to believe the 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, 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, is incapable of appreciating the need for such services and of making a rational decision in regard thereto.
4. The nature and extent of the alleged or existing substance use/abuse is briefly summarized as follows:
5. Less restrictive alternatives with respect to stabilization and assessment than are ordered herein below have been considered and are judged to be inappropriate.

Whereupon, it is

ORDERED

____ The above-named person shall appear and undergo an assessment and stabilization at _____
_____ on _____.

____ The Sheriff of _____ County shall take the above-named person into custody and shall immediately deliver him/her to _____ for involuntary assessment and stabilization for a period of up to 5 days.

ORDERED in _____ County, Florida this _____ day of _____, _____.

Printed Name of Circuit Court Judge

Signature of Circuit Court Judge

FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN CONSIDERATION AND ACTION BY THE CIRCUIT COURT, WHICH MAY INCLUDE A CONTEMPT PROCEEDING. CONTEMPT OF COURT MAY RESULT IN INCARCERATION, A FINE, AND OTHER SANCTIONS.

MARCHMAN ACT ASSESSMENT

PATIENT DEMOGRAPHIC INFORMATION

Patient Name:

Date of Birth	Age	Sex	Race	SS Number	Marital Status	Current Living Situation
				- -		

SUBSTANCE ABUSE INFORMATION

Brief Hx. of Substance Abuse

Current Use (Frequency & Duration)

Drug(s) of Choice: Alcohol Cocaine Marijuana Opiates Opioids
 Amphetamines Tranquilizers Inhalants Other: _____

Significant Family History. of Drug or Alcohol Abuse? Yes No

Prior Substance Abuse or Mental Health Treatment

Diagnosis

Code(s)	Description(s)

Current Medical and/or Psychiatric Status

Cultural, Social or Spiritual Issues

Family or Relationship Issues

Other Relevant Issues

[Empty box for Other Relevant Issues]

DIMENSIONAL ADMISSIONS CRITERIA (ASAM)

I. Withdrawal Risk: Severe Moderate Mild None

II. Biomedical: Stable w/self-administration of meds.
 Stable w/Medical monitoring or mobility assistance

III. Emotional/Behavioral: A. Impulse Control: Very Poor Poor Not a Problem
B. Drug Related Behavior (Significant & Recent): Significant Hx. Moderate Insubstantial
C. Diagnosed Personality Disorder: _____ Code: _____
D. Behavioral Stability Poor by Hx: Short Term Moderate Term Long Term

IV. Treatment Attitude: Denies Abuse of Drugs Denies Consequences of Use
 Denies Endangering Others Denies Endangering Self
 Denies Need of Treatment

Motivation: Patient Recently Failed Lower Level of Treatment Within past year
 Patient Relapsed Shortly After Tx. Patient is Chronic Relapser Post Tx.

V. Relapse Potential: No Knowledge of Triggers No Commitment to Treatment
 Imminent Potential of Harm to Self or Others Current Drug Cravings
 Unable to Sustain Sobriety Post Tx. Patient Showing Relapse Signs

VI. Recovery Environment: High Risk of Physical, Emotional or Sexual Abuse
 Endemic Substance Abuse Criminal Behavior, Violence, Abuse, Etc. in Environment
 Client Prone to Isolation Enhanced by Environment

Level of Care Determination: No Tx. Outpatient Intensive Outpatient
 Day Treatment Residential Treatment: Short Term Long Term

Detox. Recommended: Yes No

SPECIFIC RECOMMENDATION

ASSESSING CLINICIAN: _____ DATE: _____

Signature & Credentials

PHYSICIAN'S CONCURRENCE: _____ DATE: _____

Signature & Credentials

IN RE: _____ Case No: _____
Respondent: _____/

PETITION FOR INVOLUNTARY TREATMENT
By authority of Chapter 397, Florida Statutes

I (We) _____ being duly sworn, hereby state that I(We) have personally observed the behavior of _____, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under Florida Statutes Section 397, and allege:

1. Respondent is an adult/ a minor.
2. Petitioner alleges that the Respondent meets the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:
- (a) Respondent is substance abuse impaired, as evidenced by: _____

AND

- (b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: _____

AND

- (c) _____ Respondent has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: _____

OR,

_____ The Respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the Respondent is incapable of appreciating his/her need for care and making a rational decision regarding his/her need for care, as evidenced by: _____

3. Petitioner further alleges: (Petitioner must allege at least one of the following:)
- _____ 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 5 days;
- _____ Respondent has been subject to involuntary assessment and stabilization pursuant to F.S. 397.6818 within the previous 12 days; or
- _____ Respondent has been subject to alternative involuntary admission pursuant to F.S. 397.6822 within the previous 12 days.

PETITION FOR INVOLUNTARY TREATMENT

4. The respondent is:

; Represented by an attorney:

Name: _____ Phone Number: _____

Address: _____

; Not represented by an attorney.

; Unknown whether Respondent is represented by an attorney.

5. Respondent

; Has assets sufficient to pay attorney fees.

; Does not have assets sufficient to pay attorney fees.

; Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. If an assessment was performed on Respondent by a qualified professional, the findings and recommendations of the assessment are:

; Attached.

; As follows:

I/We hereby petition this Court to enter an Order for Involuntary Treatment of the Respondent. Under penalties of perjury I (we) declare that I (we) have read the foregoing and the facts alleged are true and correct to the best of my (our) knowledge and belief.

Completed this ____ day of _____, _____.

Relationship of Petitioner to Respondent:

; Spouse ; Parent (Minors) ; Guardian ; Legal Guardian(of Minor)

; Relative ; Director of Licensed Service Provider

; Three Adults with Personal Knowledge of Respondent's Impairment and Prior Assessment and Treatment.

Petitioners:

Name: _____ Name: _____ Name: _____

Signature: _____ Signature: _____ Signature: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

PETITION FOR INVOLUNTARY TREATMENT

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was executed before me this _____ day of _____, _____, by _____, who is personally known to me and who has produced _____, as identification and who ; did / ;did not take an oath.

Typed or printed or stamped name of Notary

Signature of Notary

OR

Witness by my hand and seal on the _____ day of _____, _____.
Clerk of Court.

Deputy Clerk

NOTE: All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397. 501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.

IN THE CIRCUIT COURT OF THE
 _____ JUDICIAL CIRCUIT,
 IN AND FOR _____
 COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:

_____ /

Application for Appointment of Qualified Substance Abuse Professional

I, _____ hereby petition the Court to appoint an independent Qualified Substance Abuse Professional, pursuant to Section 397.6818, Florida Statutes. I hereby certify that I do not have assets which would suffice for the payment of examination fees, and I request that the said examination costs be provided by this court.

 Signature of Client

 Date (mm/dd/yyyy)

 Typed or Printed Name of Client

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Patient		am pm	
<input type="checkbox"/> Guardian		am pm	

IN RE:

CASE NO.:

Respondent:

_____ /

Order Setting Hearing on Involuntary Treatment, Order of Referral to General Master and Order Appointing Attorney

THIS CAUSE coming on to be heard before the Courts own motion upon receipt of a petition for substance abuse involuntary treatment of _____, it is

ORDERED:

1) That a hearing will be conducted on the Petition for involuntary assessment and stabilization at, _____ on the ____ day of _____, 20____, at ____:____M. The basis for this hearing and the possible involuntary detention which may result therefrom is a Petition for Involuntary Treatment executed by _____, alleging that the criteria required by Florida Statute are satisfied.

2) That absent further Order of this Court, all matters not specifically set before the Judge are hereby referred to the presiding General Master of this Court for further proceedings pursuant to Rule 1.490 of the Florida Rules of Civil Procedure and current Orders of the Court, and said General Master is authorized to require such investigations and examinations and hold such hearings as may be deemed necessary, and shall report back to this Court the Master’s findings and recommendations, as soon as practicable.

3) That _____ UPON THE COURT’S OWN MOTION, the above named person, appearing to be indigent and needing the assignment of counsel, thereupon, it is, _____ HAVING RECEIVED AN AFFIDAVIT OF INDIGENCY, signed by the above named person requesting the assignment of counsel, thereupon, it is,

ORDERD AND ADJUDGED THAT _____, Public Defender of _____ County, Florida is hereby appointed to represent the person for all proceedings that arise under this petition for substance abuse involuntary treatment.

DONE AND ORDERRD on this ____ day of _____, 20__, in _____ County, Florida.

CIRCUIT JUDGE
CC: Hearing Master Public Defender Respondent

IN RE:

CASE NO.:

Respondent:
_____ /

**Notification to Court of Withdrawal of Petition
For Hearing on Involuntary Treatment**

YOU ARE HEREBY INFORMED THAT _____
Client

at _____
Facility Name and Address

has made application by express and informed consent for voluntary admission, due to an improvement in his/her condition.

was discharged on _____ to _____
Date (mm/dd/yyyy) Destination (if known)

was transferred on _____ to _____
Date (mm/dd/yyyy) Destination (if known)

was converted to Baker Act on _____
Date (mm/dd/yyyy)

Other
Specify): _____

Please withdraw my Petition for Involuntary Treatment filed on _____.
Date (mm/dd/yyyy)

Signature of Administrator or Designee Date (mm/dd/yyyy) Time _____ am pm

Printed Name of Administrator or Designee

cc: Clerk of the Court (Probate Division) Client Guardian Client's Attorney

Telephone notification to all parties, including family members and other persons expected to attend or testify should occur immediately after the decision to withdraw the petition is made.

IN RE:

CASE NO.:

Respondent: _____/

Order for Involuntary Treatment – Marchman Act

THIS CAUSE came to be heard by the Court pursuant to Chapter 397, Florida Statutes, upon a petition for court-ordered involuntary treatment for substance abuse. The Court, being fully advised in the premises, finds as follows:

1. The petition was executed by a relative, guardian, private practitioner as defined In the Marchman Act, the director or director’s designee of a licensed service provider, or three adults with personal knowledge of the above-named person’s impairment and condition.
2. The above-named person, having been duly and properly summoned, did appear at the hearing.
 _____ Said person was represented by counsel (or)
 _____ The appointment of counsel was not deemed appropriate, or was waived.
3. The above-named person meets the criteria for involuntary admission for involuntary treatment for substance abuse, in that there is clear and convincing evidence that the above-named person is substance abuse impaired, and, because of such impairment: has lost the power of self-control with respect to substance use, and either:
 (a) Has inflicted or is likely to inflict physical harm on himself/herself or others unless involuntarily treated; or
 (b) The refusal to voluntarily receive treatment is based on judgment so impaired by reason of substance abuse that the above-named person is incapable of appreciating the need for care and treatment and of making a rational decision regarding that need.
4. The nature and extent of the alleged or existing substance use/abuse is briefly summarized as follows: _____

Whereupon, it is
IT IS ORDERED

1. The above-named person will enter into, participate in, and successfully complete the _____
2. The above-named person will not use alcohol and will not use drugs unless prescribed by a physician.
3. This Order shall be effective for 60 days from the date hereof.
4. _____

DONE AND ORDERED in _____ County, Florida this _____ day of _____, _____.

Printed Name of Circuit Court Judge

Signature of Circuit Court Judge

FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN CONSIDERATION AND ACTION BY THE CIRCUIT COURT, WHICH MAY INCLUDE A CONTEMPT PROCEEDING. CONTEMPT OF COURT MAY RESULT IN INCARCERATION, A FINE, AND OTHER SANCTIONS.

IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:
_____ /

Petition Requesting Renewal of Involuntary Treatment Order

The petition of _____ who is the
Administrator of _____

Facility shows that:

1. The above named client, _____ of _____ County,
Florida, is a client in the aforesaid facility and was admitted to this facility on _____
Date (mm/dd/yyyy)
2. That according to the provisions of Section 397.6975, F.S., this client may not be retained after
_____, (Date) without an order authorizing an extension of the
involuntary substance abuse treatment period.
3. That the client continues to meet the criteria for involuntary treatment pursuant to Section 397.675,
F.S., and that legally authorized period will expire on: _____.
4. Attached is a report summarizing substance abuse assessments and treatment conducted during the
period of involuntary treatment.

Wherefore, it is requested an Order be issued authorizing this Facility to retain the client for a period not
to exceed ninety (90) days.

Signature of Administrator or Designee _____ am pm
Date (mm/dd/yyyy) Time

Printed or Typed Name of Administrator or Designee

This petition must be filed with the court at least ten (10) days prior to the expiration of the court-ordered treatment period. The court shall immediately schedule a hearing to be held not more than 15 days after the filing of the petition.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Client		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Public Defender or <input type="checkbox"/> Private Attorney		am pm	

FORM MA-21

See s. 3976975, Florida Statutes

MARCHMAN ACT

IN RE:

CASE NO.:

Respondent:
_____ /

Order Authorizing Renewal of Involuntary Treatment Order

This matter coming on to be heard, pursuant to the requirements of Section 397.6975, Florida Statutes, that the respondent continues to meet the criteria for involuntary substance abuse treatment be periodically reviewed, and the client having appeared in person appeared through counsel, the following findings of fact are made from the evidence designated:

1. The client, on _____, was ordered to undergo involuntary substance abuse treatment.
Date (mm/dd/yyyy)
2. The client continues to be obligated to undergo substance abuse treatment under the original order. This finding is determined from the testimony of _____ and _____. As evidenced by: _____

Based on the above findings of fact, the Court makes the following conclusions:

On the basis of the above, it is hereby
ORDERED

The client be returned to involuntary treatment pending the next periodic review required by Section 397.6975, Florida Statutes for a period of up to 90 days, beginning on the date the original treatment order expires.

ORDERED at

this _____ day of _____,
Date Month Year

Printed Name of Circuit Judge

Signature of Circuit Judge

cc: Check when applicable

Client Guardian Public Defender Facility Administrator

IN THE CIRCUIT COURT OF THE
JUDICIAL CIRCUIT,
IN AND FOR _____
COUNTY, FLORIDA

IN RE:

CASE NO.:

Respondent:
_____ /

**Order Dismissing Action on Petition for
Involuntary Substance Abuse Assessment and/or Treatment**

THIS CAUSE having come before the Court on a petition, pursuant to Chapter 397, Florida Statutes for:

- Involuntary Assessment and Stabilization
- Involuntary Treatment
- Renewal of Involuntary Treatment

The Court being fully advised in the premises, finds and orders as follows:

1. _____

2. This action should be dismissed.

Whereupon, it is

ORDERED that the above-described Petition, and this action, be and the same are DISMISSED.

DONE AND ORDER in _____ County, Florida this ____ day of _____, _____.

Printed Name of Circuit Court Judge

Signature of Circuit Court Judge

Notice of Early Release From Involuntary Substance Abuse Treatment

IN RE: _____ CASE NO. _____

YOU ARE HEREBY NOTIFIED that

_____, ordered for

Involuntary Assessment and Stabilization

Involuntary Treatment

has this _____ day of _____, _____ been released from this facility.
 Date Month Year

 Signature of Administrator/designee Date (mm/dd/yyyy) _____ am pm

 Printed Name of Administrator or Designee

 Name of Facility

cc: Check when applicable and initial/date/time when copy provided to persons specified by the court in the original treatment order:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Client		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Client's Attorney		am pm	
<input type="checkbox"/> Circuit Court		am pm	
<input type="checkbox"/> Clinical Record		am pm	
<input type="checkbox"/>			
<input type="checkbox"/>			

Rights of Clients in Substance Abuse Facilities

The following rights are guaranteed to you under Florida law. These will be fully explained to you at the time of and following admission to this facility. A copy of this form will be given to you to keep. You have the right to read the Marchman Act law and rules at any time. Your signature on the form, if you choose to sign, only acknowledges that you have had the rights explained and that a copy of this form was provided to you.

RIGHT TO INDIVIDUAL DIGNITY. Your individual dignity must be respected at all times and upon all occasions, including any occasion when you are admitted, retained, or transported. Unless you are accused of a crime or delinquent act, you can't be detained or incarcerated in jail, except for purposes of protective custody. You can't be deprived of any constitutional right.

RIGHT TO NONDISCRIMINATORY SERVICES. You can't be denied access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, HIV status, prior service departures against medical advice, disability, number of relapse episodes, or if you take medication prescribed by a physician. Service providers who receive state funds to provide substance abuse services may not, provided space and sufficient state resources are available, deny you access to services based solely on inability to pay. You must be given the opportunity to participate in developing and reviewing your individualized treatment or service plan. You must be in the least restrictive and most appropriate services available, based on your needs and best interests and consistent with optimum care.

RIGHT TO QUALITY SERVICES. You must have services suited to your needs, administered skillfully, safely, humanely, with full respect for your dignity and personal integrity.

RIGHT TO COMMUNICATION. You have the right to communicate freely and privately with other persons. In order to ensure a substance free environment, close supervision of your communications and correspondence is necessary, particularly in the initial stages of treatment, and the service provider must therefore set reasonable rules for telephone, mail, and visitation rights, giving primary consideration to the well-being and safety of clients, staff, and the community. You will be informed at the time of admission about the provider's rules relating to communications and correspondence.

RIGHT TO CARE AND CUSTODY OF PERSONAL EFFECTS. You have the right to possess clothing and other personal effects. The service provider may take temporary custody of your personal effects only when required for medical or safety reasons, with the reason for taking custody and a list of the personal effects recorded in your clinical record.

RIGHT TO EDUCATION OF MINORS. Each minor client in residential services is guaranteed education and training appropriate to his or her needs.

RIGHT TO CONFIDENTIALITY OF CLIENT RECORDS. The records of service providers regarding the identity, diagnosis, and prognosis of and services to any client are confidential under federal and state laws. Such records may not be disclosed without the written consent of the client to whom they pertain, except that appropriate disclosure may be made without such consent in very limited circumstances. This does not restrict reporting of abuse, neglect or exploitation of children or vulnerable adults, commission of a crime on premises or against staff, or other disclosures required or permitted by federal and state law.

RIGHT TO COUNSEL. You must be informed that you have the right to be represented by counsel in any involuntary proceeding for assessment, stabilization, or treatment and if you are a minor your parent, legal guardian, or legal custodian, may apply immediately to the court to have an attorney appointed if he or she cannot afford one.

RIGHT TO HABEAS CORPUS. At any time, and without notice, a client involuntarily retained by a provider, or the client's parent, guardian, custodian, or attorney on behalf of the client, may petition for a writ of habeas corpus to question the cause and legality of such retention and request that the court issue a writ for the client's release.

Client's Signature

Date (mm/dd/yyyy)

Time

Witness Signature

Date (mm/dd/yyyy)

Time

Authorization for Disclosure of Confidential Information – General

I, _____, DOB: _____ SS# _____ PH# _____

Authorize _____ to disclose to _____

The following information: Note: Draw a line through information **NOT** needed.

Assessments	History & Physical	Medication Administration Records	Treatment Plan
Progress Notes	Lab Results	Discharge Summary & Continuing Care Plan	
Other: _____			

Purposes for the disclosure – Be specific: _____

OPTIONAL: I also agree to the disclosure of HIV testing information and AIDS diagnosis: _____ (client initials)

Information will be disclosed in writing and/or verbally. Client initials for FAX approval: _____

I understand that my records are protected under federal and state regulations governing the confidentiality and privacy of medical records and protected alcohol and drug abuse information under 42CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 and 164 and cannot be disclosed without my written authorization unless otherwise provided for by the regulations.

I also understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance on it, and that in any event this authorization expires automatically after one year, unless otherwise stated here: Date, event or condition of expiration: _____

I understand that generally this agency may not condition treatment on whether I sign an authorization, but that in certain limited circumstances I may be denied treatment if I do not sign this authorization. I also hereby release this agency from liability that may arise as a result of information disclosed under an authorization, if such information is disclosed is later used to my detriment.

Date: _____ Signature of Client: _____

Date: _____ Signature of Witness: _____

Date: _____ Signature (if applicable) _____
(Authorized Representative) (Legal Authority to Act)

For Office Use: Authorized Information released by _____ Date released: _____
Information released: _____

Restriction of Communication or Visitors

Notice is hereby given to _____
Full Name of Client

this date, that under the provisions of Section 397501(4), Florida Statutes, a restriction on communications has been placed for a period of _____ days, starting at _____ am pm on [Date (mm/dd/yyyy)] _____ and ending at _____ am pm on [Date (mm/dd/yyyy)] _____

The nature of the restriction is as follows: _____

The restriction has been ordered because _____

This restriction of communication shall be reviewed at least every 7 days and lifted as soon as possible.

 Signature of Administrator or Designee _____ _____ am pm
Date (mm/dd/yyyy) Time

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initial of Who Provided Copy
<input type="checkbox"/> Client		am pm	
<input type="checkbox"/> Guardian		am pm	

Notice of Right to Petition for Writ of Habeas Corpus

To: _____

PLEASE BE ADVISED that you may petition the Circuit Court for a Writ of Habeas Corpus to question the cause and legality of your detention.

A Petition for Writ of Habeas Corpus may be used for this purpose. You, your parent, guardian, custodian, or attorney may sign the petition.

Staff of this facility will provide a copy of the Writ form to you immediately upon your request. Staff will assist you in completing this Writ form if you request such help. The Petition for a Writ will be submitted by the staff to the Circuit Court.

am pm

Signature of Administrator or Designee

Date (mm/dd/yyyy)

Time

This completed form must be given to all clients and to those persons listed below as applicable.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Client		am pm	
<input type="checkbox"/> Guardian		am pm	

IN RE: _____/
Petitioner, vs.

CASE NO.:

_____,
Administrator,

_____,
Facility Respondent.

Petition for Writ of Habeas Corpus

1. This Court has jurisdiction pursuant to Section 397501(9), Florida Statutes.
2. Petitioner is being held by _____ (Administrator)
in _____, (Facility), in _____ (City), Florida.

3. Petitioner believes that he/she is being deprived of her/his freedom for invalid and illegal reasons.
Petitioner believes that her/his confinement is illegal because: _____

4. Petitioner is unable to afford counsel and would like the Office of the Public Defender or other counsel to be appointed to represent her/him in the above captioned matter.

WHEREFORE, Petitioner respectfully requests that this Court:

- Appoint the Office of Public Defender or other counsel to represent your Petitioner in these proceedings; and
- Enter an Order setting a return hearing on this Petition for Writ of Habeas Corpus for respondent to show by what legal authority he/she holds petitioner.

I HEREBY CERTIFY that the above stated matters In the Petition for Writ of Habeas Corpus are true and correct to the best of my information, knowledge, and belief.

Signature of Petitioner

Date (mm/dd/yyyy)

Time am pm

Printed Name of Petitioner

There is or is not a petition for involuntary substance abuse treatment pending.

The petitioner is or is not currently represented by counsel.

Facilities must provide this form to any client making a verbal request for access to the Court. The completed form must be promptly filed with the Clerk of the Court and a copy retained in the client's clinical record. A copy of the completed Petition for Writ must be provided immediately to the client and copies of the Petition provided to those listed below, as applicable.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Client		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Attorney		am pm	

IN THE CIRCUIT COURT, _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

_____ /

Ex Parte Order for Involuntary Assessment and/or Stabilization

THIS MATTER having been considered by the Master appointed by the Chief Judge of the _____ Judicial Circuit, pursuant to Sections 397.6811 and 397.6815, Florida Statutes, and upon a sworn petition for involuntary assessment and stabilization, the Master finds as follows:

1. A sworn petition has been filed with the clerk of the circuit court in _____ County, the county where the above-named person is located. The petition was executed by the above-named person's relative, guardian, a "private practitioner" as defined (including physician), the director or director's designee of a licensed service provider, or three adults with personal knowledge of the above named person's impairment and condition.
2. The above-named person meets the criteria for involuntary admission, because there is good faith reason to believe that said person is substance abuse impaired, and, because of such impairment, has lost the power of self control with respect to substance abuse; and either
_____ (a) has inflicted, threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself/herself or another **or**
_____ (b) is in need of substance abuse services, and, by reason of substance abuse impairment, is incapable of appreciating the need for such services and of making a rational decision in regard thereto.

Whereupon, it is

ORDERED that the Sheriff of _____ County or other law enforcement officer shall take the above-named person into custody and deliver or arrange for the delivery of said person to _____, for involuntary assessment and stabilization for a period of up to 5 days. If a petition for treatment is thereafter timely initiated and filed, the above-named person may be detained at said facility until 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 reasonable physical force as is necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the person who is the subject of this ex parte order.

This order expires in _____ days.

ORDERED in _____ County, Florida this _____ day of _____, _____.

Printed Name of Master

Signature of Master

**IN THE CIRCUIT COURT, _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA**

IN RE: _____

CASE NO.: _____

_____ /

Order for Involuntary Assessment and Stabilization

THIS CAUSE came to be heard by the undersigned Master appointed by the Chief Judge of the _____ Judicial Circuit, pursuant to Chapter 397, F.S., upon a petition for court-ordered involuntary assessment and stabilization. The undersigned Master, being fully advised in the premises, finds as follows:

1. The petition was executed by a relative, guardian, "private practitioner" as defined (including physician), the director or director's designee of a licensed service provider, or three adults with personal knowledge of the above-named person's impairment and condition.
2. The above-named person, having been duly and properly summoned, did appear at the hearing.
3. The above-named person meets the following criteria for involuntary admission for assessment and stabilization pursuant to section 397.675, and 397.6811, Florida Statute:

There is good faith reason to believe that the person is substance abuse impaired, and, because of such impairment:

- (1) has lost the power of self-control with respect to substance use; and either
 - (a) has inflicted, threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself/herself or another, **or**
 - (b) is in need of substance abuse services and, by reason of substance abuse impairment, is incapable of appreciating the need for such services and of making a rational decision in regard thereto.

4. The nature and extent of the alleged or existing substance use/abuse is briefly summarized as follows:

5. _____
Less restrictive alternatives with respect to stabilization and assessment than are ordered herein below have been considered and are judged to be inappropriate, and there is no need for the appointment of an attorney to represent the above-named person at this time.

Whereupon, it is
ORDERED

_____ The above-named person shall appear and undergo an assessment and stabilization at _____
_____ on _____.

_____ The Sheriff of _____ County shall take the above-named person into custody and shall immediately deliver him/her to _____, for involuntary assessment and stabilization for a period of up to 5 days.

ORDERED in _____ County, Florida this ____ day of _____, _____

Printed Name of Master

Signature of Master

FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN CONSIDERATION AND ACTION BY THE CIRCUIT COURT, WHICH MAY INCLUDE A CONTEMPT PROCEEDING. CONTEMPT OF COURT MAY RESULT IN INCARCERATION, A FINE, AND OTHER SANCTIONS.

**IN THE CIRCUIT COURT, _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA**

IN RE: _____ CASE NO.: _____

_____ /

Order for Involuntary Treatment

THIS CAUSE came to be heard by the undersigned Master appointed by the Chief Judge of the _____ Judicial Circuit, pursuant to Chapter 397, F.S., upon a petition for court-ordered involuntary treatment for substance abuse. The undersigned Master, being fully advised in the premises, finds as follows:

1. The petition was executed by a relative, guardian, "private practitioner" as defined (including physician), the director or director's designee of a licensed service provider, or three adults with personal knowledge of the above-named person's impairment and condition.
2. The above-named person, having been duly and properly summoned, did appear at the hearing.
3. The above-named person meets the criteria for involuntary treatment for substance abuse, in that there is clear and convincing evidence that the above-named person is substance abuse impaired, and because of such impairment has lost the power of self-control with respect to substance abuse, and either
 - a. Has inflicted or is likely to inflict physical harm on himself/herself or others unless involuntarily treated; or
 - b. The refusal to voluntarily receive treatment is based on judgment so impaired by reason of substance abuse that the above-named person is incapable of appreciating the need for care and treatment and of making a rational decision regarding that need.
4. The nature and extent of the substance use/abuse is briefly summarized as follows:

IT IS ORDERED

1. The above-named person will enter into, participate in, and successfully complete the _____
2. The above-named person will not use alcohol and will not use drugs unless prescribed by a physician.
3. _____

_____.

DONE AND ORDERED in _____ County, Florida this ____ day of _____, _____

Printed Name of Master

Signature of Master

FAILURE TO COMPLY WITH THIS ORDER WILL RESULT IN CONSIDERATION AND ACTION BY THE CIRCUIT COURT, WHICH MAY INCLUDE A CONTEMPT PROCEEDING. CONTEMPT OF COURT MAY RESULT IN INCARCERATION, A FINE, AND OTHER SANCTIONS.

IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____
_____/

Order Dismissing Action

THIS CAUSE having come before the Master on a Petition for Involuntary Assessment and Stabilization, and/or a Petition for Involuntary Treatment for Substance Abuse, pursuant to Chapter 397, F.S., and the Master having been fully advised in the premises, finds and orders as follows:

1. _____

2. This action should be dismissed.

Whereupon, it is

ORDERED that the above-described Petition, and this action, be and the same are DISMISSED.

DONE AND ORDERED in _____ County, Florida this _____ day of _____, _____.

Printed Name of Master

Signature of Master

IN THE CIRCUIT COURT, _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____
_____/

**Order of Circuit Court
Approving Order of Master and Directing Compliance**

THIS MATTER came to be heard pursuant to Chapter 397, F.S., and the petition filed in accordance with said statute, on the issue of whether the above-named person should be involuntarily stabilized and assessed or involuntarily treated for substance abuse, and hearing was conducted by the Master pursuant to court order. This court having reviewed the findings and order of the Master, and being otherwise fully advised in the premises, it is:

ORDERED:

1. The order of the Master entered in connection with this cause is hereby adopted and approved by this court.
2. The above-named person shall comply with the provisions of the order entered in this matter by the Master.

DONE AND ORDERED in _____ County, Florida this ____ day of _____, ____

Printed Name of Circuit Court Judge

Signature of Circuit Court Judge

IN THE CIRCUIT COURT _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____

CASE NO.: _____

**Order Denying Ex Parte Assessment/Stabilization,
and Notice of Hearing**

THIS MATTER came to be considered pursuant to sections 397.6811, 397.6814, and 397.6815, Florida Statutes, upon a petition for ex parte order authorizing the involuntary assessment and/or stabilization of the above-named person. The Master appointed by the Chief Judge of the _____ Judicial Circuit, having considered the petition, finds as follows:

An ex parte order directing a law enforcement officer to take the above-named person into custody and deliver said person to the nearest appropriate licensed service provider should not be entered at this time, because:

- _____ The petition does not demonstrate that the above-named person meets the criteria for involuntary admission set forth in section 397.675, Florida Statutes.
- _____ The petition is not shown to have been executed by a relative, guardian, "private practitioner" as defined (including physician, psychologist), the director or director's designee of a licensed service provider, or three adults with personal knowledge.
- _____ Other. _____

Whereupon, it is

ORDERED

- _____ No ex parte order requiring stabilization and/or assessment shall be entered at this time; any request for such order is DENIED.
- _____ Hearing will be scheduled and will be conducted within 10 days hereof.
- _____ Hearing on this matter, and specifically on the issue of whether the above-named person should be stabilized and/or assessed, shall be conducted at _____ a.m./p.m., on _____, _____ at _____.

_____ A copy of the petition and this order shall be provided to the above-named person and his/her attorney, if known. The above-named person shall be summoned to appear and is hereby **ORDERED TO APPEAR** at said hearing. A copy of this order shall be served on the petitioner(s), and the above-named person's spouse or guardian, if known, and the parent(s) if the above-named person is a minor. **Failure of the above-named person to appear at the hearing may result in an order to detain and contempt proceedings.**

ORDERED in _____ County, Florida, this _____ day of _____, _____.

Printed Name of Master

Signature of Master