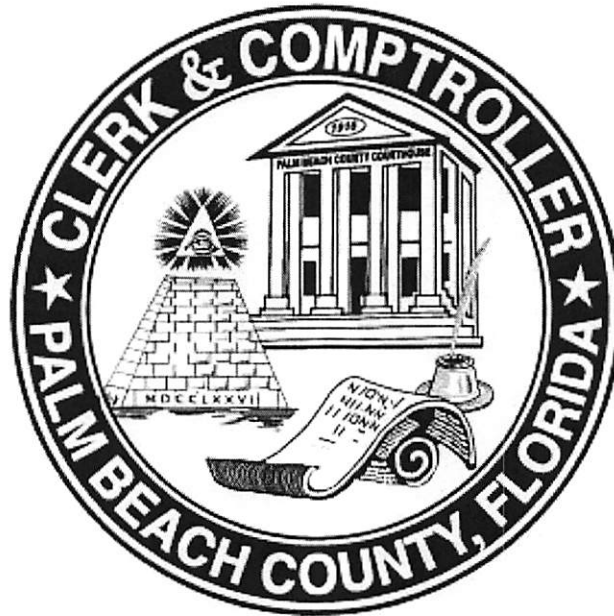


Sharon R. Bock

CLERK & COMPTROLLER

SELF SERVICE CENTER

Your Guide Through The Courts



PACKET # 57

Revised 09/2014

THE MARCHMAN ACT

(NON-REFUNDABLE)

(31 PAGES)

\$4.00

SELF SERVICE CENTER SERVICES

All instructions and forms distributed by the Clerk & Comptroller are provided as a public service to persons seeking to represent themselves in court without the assistance of an attorney. These documents are meant to serve as a guide only, and to assist *pro se* (self-represented) litigants with their cases. Any person using these instructions and/or forms does so at his or her own risk, and the Clerk shall not be responsible for any losses incurred by any person in reliance on the instructions and/or forms.

Attorney Consultation*	\$15.00/15 minutes
Attorney Consultation*	\$30.00/30 minutes
Attorney Consultation*	\$60.00/60 minutes
Deputy Clerk Signing	\$3.50/signature
Notary signing	\$10.00/signature
Copies prior to filing	\$.15/page
Single Forms	\$1.00/page
Fax Services	\$1.00/page
Community Resource Referral- pamphlets	NO FEE

* Attorneys do not provide legal advice - will assist on procedural matters/filling out legal forms

****FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE****

You may file and obtain information at the following locations:

Palm Beach County Courthouse
205 N. Dixie Highway, Rm #3.2200
West Palm Beach, Florida 33401
561-355-7048

North County Courthouse
3188 PGA Blvd
Palm Beach Gardens, Florida 33410
561-624-6650

South County Courthouse
200 W. Atlantic Ave.
Delray Beach, Florida 33444
561-274-1588

West County Courthouse
2950 State Road 15, Rm. #S-100
Belle Glade, Florida 33430
561-996-4843

The Self Service Information Line

Unified Family Court Dept. (for information regarding an existing case)

Visit us at our web site

Legal Aid Society (if you can't afford an attorney)

Lawyer Referral Service of the PBC Bar Association

(561) 355-7048

(561) 355-6511

www.mypalmbeachclerk.com

(561) 655-8944

(561) 687-3266

Revised 05/2013

THE MARCHMAN ACT

57

When should this form be used?

This form should be used to get a court order to provide for involuntary assessment, stabilization, and treatment for a person who is in need of substance abuse treatment and has refused services on their own.

Basis for filing a Petition

A person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and, because of such impairment:

- Has lost the power of self-control with respect to substance use **AND EITHER**
- Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict, physical harm on himself or herself or another **OR**
- Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services.

Who may file a Petition

The following people may file a petition:

- The person's spouse or guardian
- Any relative of the person
- Any three (3) responsible adults who have personal knowledge of the person's substance abuse impairment
- In the case of a minor, the minor's parent, legal guardian, legal custodian or licensed service provider

The Petitioner must complete and file the following forms:

	Page
✓ Cover Sheet for Family Court Cases 12.928, (11/13)	8
✓ Petition and Affidavit Seeking Substance Abuse <i>Assessment</i> and Stabilization	10
✓ Petition for Involuntary <i>Treatment</i> for Substance Abuse	14
✓ Notice of Related Cases 12.900(h), (11/13)	18
✓ Information / Description Sheet	22

Please bring the following forms with you to the final hearing: (Do Not File With Clerk)

✓ Final Disposition Form (Form 1.998)	24
---------------------------------------	----

These forms should be completed and filed, IF APPLICABLE

✓ Designation of Current Mailing and E-Mail Address and Directions to Provide E-Mail Address to Court Administration, A.O. 2.310 (04/13)	28
✓ Notice of Change of Address, (09/14) (<i>Must be filed whenever you change your address</i>)	31

Fees:

THERE IS NO FILING FEE FOR THIS PROCESS

The Marchman Act provides a two-step process, one for assessment and the other for treatment, to determine whether a person should be subject to an involuntary order requiring substance abuse assessment and/or treatment.

READ THE INSTRUCTIONS/INFORMATION BEFORE COMPLETING THE FORMS FOR FILING

DO NOT SIGN ANY DOCUMENTS THAT REQUIRE A NOTARY OR DEPUTY CLERK UNTIL YOU ARE IN FRONT OF THE NOTARY OR DEPUTY CLERK.

INSTRUCTIONS FOR FILING

- The forms should be typed or printed in black ink.
- Some of the forms must be signed before a notary or deputy clerk.

A. Marchman Act – Involuntary *ASSESSMENT*

- ❑ **The Petitioner must complete and file the following forms with the Unified Family Court Department in any of our locations:**
 - Cover Sheet for Family Court Cases (Form 12.928), (11/13)
 - Petition and Affidavit Seeking Involuntary Substance Abuse *Assessment* and Stabilization (*if applicable*)
 - Petition for Involuntary *Treatment* for Substance Abuse (*if applicable*)
 - Notice of Related Cases 12.900(h), (11/13)
 - Information / Description Sheet
- ❑ **Please bring the following forms with you to the final hearing: (Do Not File With Clerk)**
 - Final Disposition Form (Form 1.998).
- ❑ After filing, the petition is served on the respondent by the sheriff at no cost. A private certified process server can be used (for a fee) and can be useful in locating a hard to find person.
- ❑ **The Clerk's Office schedules the hearing on the Petition Seeking Involuntary Substance Abuse *Assessment* and Stabilization within ten (10) days after the petition is filed.** This period will be extended if service of the petition on the respondent can not be affected after reasonable attempts to do so.
- ❑ The hearing is normally conducted before the Mental Health Magistrate and attendance is required by the petitioner(s). As a result of the hearing, the court either enters an Order of Involuntary Assessment or dismisses the petition. Once the assessment is done, the written assessment is filed with the clerk and reviewed by the court.

B. Marchman Act – Involuntary *TREATMENT*

- If the court finds that the respondent needs treatment, then the Court's Recommendation for Involuntary Treatment and Notice of a Hearing is provided by mail to the petitioner(s).
- The respondent (patient) is once again served Notice of Hearing by a plainclothes Deputy Sheriff. This hearing is conducted before a general magistrate and the court may enter an Order for Involuntary Treatment for a period not to exceed 60 days. The order may direct the Sheriff to take the respondent into custody and deliver him/her to the licensed facility.

CAUTION:

Forms are to be completed in block letters or typed; NO EXCEPTIONS! Names must be the same on all forms completed by the parties; no full names on one document and initials on another. This packet may not contain all the forms you may need to file your case. Additional forms are available in the Clerk & Comptroller's Self Service Center at each courthouse location. The Clerk & Comptroller's Office staff cannot suggest specific information to be included in the blanks on your forms or fill out forms for you.

It is your responsibility to file any change to your address on the attached form.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.928, COVER SHEET FOR FAMILY COURT CASES (11/13)

When should this form be used?

The Cover Sheet for Family Court Cases and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form shall be filed by the petitioner/party opening or reopening a case for the use of the clerk of the circuit court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075.

This form should be typed or printed in black ink. The petitioner must file this cover sheet with the first pleading or motion filed to open or reopen a case in all domestic and juvenile cases.

What should I do next?

Follow these instructions for completing the form:

- I. **Case Style.** Enter the name of the court, the appropriate case number assigned at the time of filing of the original petition, the name of the judge assigned (if applicable), and the name (last, first, middle initial) of the petitioner(s) and respondent(s).
- II. **Type of Action /Proceeding.** Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed.
 - (A) Initial Action/Petition
 - (B) Reopening Case. If you check "Reopening Case," indicate whether you are filing a modification or supplemental petition or an action for enforcement by placing a check beside the appropriate action/petition.
 1. Modification/Supplemental Petition
 2. Motion for Civil Contempt/ Enforcement
 3. Other – All reopening actions not involving modification/supplemental petitions or petition enforcement.
- III. **Type of Case.** Place a check beside the appropriate case. If the case fits more than one category, select the most definitive. Definitions of the categories are provided below.
 - (A) Simplified Dissolution of Marriage- petitions for the termination of marriage pursuant to Florida Family Law Rule of Procedure 12.105.
 - (B) Dissolution of Marriage - petitions for the termination of marriage pursuant to Chapter 61, Florida Statutes, other than simplified dissolution.
 - (C) Domestic Violence - all matters relating to injunctions for protection against domestic violence pursuant to section 741.30, Florida Statutes.
 - (D) Dating Violence - all matters relating to injunctions for protection against dating violence pursuant to section 784.046, Florida Statutes.
 - (E) Repeat Violence - all matters relating to injunctions for protection against repeat violence pursuant to section 784.046, Florida Statutes.
 - (F) Sexual Violence - all matters relating to injunctions for protection against sexual violence pursuant to section 784.046, Florida Statutes.
 - (G) Stalking-all matters relating to injunctions for protection against stalking pursuant to section 784.0485, Florida Statutes.

Instructions for Florida Family Law Rules of Procedure Form 12.928, Cover Sheet for Family Court Cases (11/13)

- (H) Support - IV-D - all matters relating to child or spousal support in which an application for assistance has been filed with the Department of Revenue, Child Support Enforcement under Title IV-D, Social Security Act, except for such matters relating to dissolution of marriage petitions (sections 409.2564, 409.2571, and 409.2597, Florida Statutes), paternity, or UIFSA.
- (I) Support-Non IV-D - all matters relating to child or spousal support in which an application for assistance has **not** been filed under Title IV-D, Social Security Act.
- (J) UIFSA- IV-D - all matters relating to Chapter 88, Florida Statutes, in which an application for assistance has been filed under Title IV-D, Social Security Act.
- (K) UIFSA - Non IV-D - all matters relating to Chapter 88, Florida Statutes, in which an application for assistance has **not** been filed under Title IV-D, Social Security Act.
- (L) Other Family Court - all matters involving time-sharing and/or parenting plans relating to minor child(ren), support unconnected with dissolution of marriage, annulment, delayed birth certificates pursuant to Florida Statutes section 382.0195, expedited affirmation of parental status pursuant to Florida Statutes section 742.16, termination of parental rights proceedings pursuant to Florida Statutes section 63.087, declaratory judgment actions related to premarital, marital, post-marital agreements, or other matters not included in the categories above.
- (M) Adoption Arising Out Of Chapter 63 - all matters relating to adoption pursuant to Chapter 63, Florida Statutes, excluding any matters arising out of Chapter 39, Florida Statutes.
- (N) Name Change - all matters relating to name change, pursuant to section 68.07, Florida Statutes.
- (O) Paternity/Disestablishment of Paternity – all matters relating to paternity pursuant to Chapter 742, Florida Statutes.
- (P) Juvenile Delinquency - all matters relating to juvenile delinquency pursuant to Chapter 985, Florida Statutes.
- (Q) Petition for Dependency - all matters relating to petitions for dependency.
- (R) Shelter Petition – all matters relating to shelter petitions pursuant to Chapter 39, Florida Statutes.
- (S) Termination of Parental Rights Arising Out Of Chapter 39 – all matters relating to termination of parental rights pursuant to Chapter 39, Florida Statutes.
- (T) Adoption Arising Out Of Chapter 39 – all matters relating to adoption pursuant to Chapter 39, Florida Statutes.
- (U) CINS/FINS – all matters relating to children in need of services (and families in need of services) pursuant to Chapter 984, Florida Statutes.

ATTORNEY OR PARTY SIGNATURE. Sign the Cover Sheet for Family Court Cases. Print legibly the name of the person signing the Cover Sheet for Family Court Cases. Attorneys must include a Florida Bar number. Insert the date the Cover Sheet for Family Court Cases is signed. Signature is a certification that filer has provided accurate information on the Cover Sheet for Family Court Cases.

Nonlawyer Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. For further information, see Rule 12.100, Florida Family Law Rules of Procedure.

Instructions for Florida Family Law Rules of Procedure Form 12.928, Cover Sheet for Family Court Cases (11/13)

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

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

Case No.: _____

Judge: _____

Petitioner

and

Respondent

- II. Type of Action/Proceeding. Place a check beside the proceeding you are initiating. If you are simultaneously filing more than one type of proceeding against the same opposing party, such as a modification and an enforcement proceeding, complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A) ____ Initial Action/Petition
(B) ____ Reopening Case
1. ____ Modification/Supplemental Petition
2. ____ Motion for Civil Contempt/Enforcement
3. ____ Other

- III. Type of Case. If the case fits more than one type of case, select the most definitive.

- (A) ____ Simplified Dissolution of Marriage
(B) ____ Dissolution of Marriage
(C) ____ Domestic Violence
(D) ____ Dating Violence
(E) ____ Repeat Violence
(F) ____ Sexual Violence
(G) ____ Stalking
(H) ____ Support IV-D (Department of Revenue, Child Support Enforcement)
(I) ____ Support Non-IV-D (not Department of Revenue, Child Support Enforcement)
(J) ____ UIFSA IV-D (Department of Revenue, Child Support Enforcement)
(K) ____ UIFSA Non-IV-D (not Department of Revenue, Child Support Enforcement)
(L) ____ Other Family Court
(M) ____ Adoption Arising Out Of Chapter 63
(N) ____ Name Change
(O) ____ Paternity/Disestablishment of Paternity
(P) ____ Juvenile Delinquency
(Q) ____ Petition for Dependency
(R) ____ Shelter Petition
(S) ____ Termination of Parental Rights Arising Out Of Chapter 39
(T) ____ Adoption Arising Out Of Chapter 39
(U) ____ CINS/FINS

- IV. Rule of Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?
- _____ No, to the best of my knowledge, no related cases exist.
- _____ Yes, all related cases are listed on Family Law Form 12.900(h).

ATTORNEY OR PARTY SIGNATURE

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature _____ FL Bar No.: _____
Attorney or party (Bar number, if attorney)

(Type or print name)

(E-mail Address(es))

Date

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks]

This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____, {state} _____, {telephone number } _____.

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

IN RE:

Case No: _____

Person / Respondent.

**PETITION AND AFFIDAVIT SEEKING INVOLUNTARY
SUBSTANCE ABUSE ASSESSMENT AND STABILIZATION
(MARCHMAN ACT)**

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

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. The PERSON lives at, or may be found at, the following address(es):

Street Address: _____ City _____

Street Address: _____ City _____

2. The PERSON has the following telephone number(s): _____

3. I(We) 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: _____

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

If yes, describe: _____

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; or

☐ 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; or

☐ 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) because: _____

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

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

Date

Time

10. Other similar behavior that 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

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 ONLY 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: ☐ yes or ☐ no.

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: ☐ Male ☐ Female Race: _____ Attach a picture of the PERSON if possible – Picture attached: ☐ No ☐ Yes

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

Does the PERSON have access to any weapons? ☐ No ☐ Yes If yes, describe: _____

Is the PERSON violent now? ☐ No ☐ Yes Has the PERSON been violent in the recent past? ☐ No ☐ Yes
If yes, describe: _____

Does the PERSON have any pending criminal charges against him/her? ☐ No ☐ Yes If yes, describe: _____

1) Does the PERSON have a legal guardian? ☐ No ☐ Yes

2) Is there a pending petition to determine the PERSON's capacity and to appoint a guardian? ☐ No ☐ 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 forgoing document and that the facts stated in it are true.

Printed Name of Petitioner

Printed Name of Petitioner

Printed Name of Petitioner

Address

Address

Address

Telephone Number

Telephone Number

Telephone Number

Signature

Signature

Signature

Relationship to PERSON

Relationship to PERSON

Relationship to PERSON

STATE OF FLORIDA,
COUNTY OF PALM BEACH

SWORN TO AND SUBSCRIBED before me

OR

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, _____,

this _____ day of _____, _____,

by _____,

Clerk of Circuit Court Palm Beach County,
Florida

_____,

_____,
personally known to me or who has presented
_____ as identification

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.

PETITION AND AFFIDAVIT SEEKING INVOLUNTARY SUBSTANCE ABUSE ASSESSMENT AND STABILIZATION

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

IN RE: _____,
Respondent.

Case No: _____

**PETITION FOR INVOLUNTARY TREATMENT FOR SUBSTANCE ABUSE
(Marchman Act)**

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. Age of Respondent: _____.
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* FOR SUBSTANCE ABUSE

4. The Respondent is:

☐ Represented by an attorney:

Name: _____ Phone Number: _____

Address: _____;

☐ Not represented by an attorney; or

☐ 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; or

☐ 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; or**

☐ As follows:

_____.

I(We) hereby petition this Court to enter an Order for Involuntary Treatment for Substance Abuse 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 _____, _____.

Petitioners:

Name: _____ Name: _____ Name: _____

Signature: _____ Signature: _____ Signature: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Relationship to Respondent

Relationship to Respondent

Relationship to Respondent

PETITION FOR INVOLUNTARY *TREATMENT* FOR SUBSTANCE ABUSE

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was executed before me this _____ day of _____, 20____,
by _____, _____, and
_____, who is(are) personally known to me or 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 Section 397.501 (7), Florida Statutes, and 42 Code of Federal
Regulations, Part 2.

INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(h), NOTICE OF RELATED CASES (11/13)

When should this form be used?

Florida Rule of Judicial Administration 2.545(d) requires the **petitioner** in a family law case to file with the court a notice of related cases, if any. Your circuit may also require this form to be filed even if there are no related cases. A case is considered related if

- it involves the same parties, children, or issues and is pending when the family law case is filed; or
- it affects the court's jurisdiction to proceed; or
- an order in the related case may conflict with an order on the same issues in the new case; or
- an order in the new case may conflict with an order in the earlier case.

This form is used to provide the required notice to the court.

This form should be typed or printed in black ink. It must be **filed** with the **clerk of the circuit court** with the initial pleading in the family law case.

What should I do next?

A copy of the form must be served on the presiding judges, either the chief judge or the family law administrative judge, and all parties in the related cases. You should also keep a copy for your records. **Service** must be in accordance with Florida Rule of Judicial Administration 2.516.

Where can I look for more information?

Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms. The words that are in "**bold underline**" in these instructions are defined there. For further information, see Florida Rule of Judicial Administration 2.545(d).

Special notes . . .

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms **must** also put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

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

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

NOTICE OF RELATED CASES

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check one only]

___ There are no related cases.

___ The following are the related cases (add additional pages if necessary):

Related Case No. 1

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check all that apply]

___ Dissolution of Marriage	___ Paternity
___ Custody	___ Adoption
___ Child Support	___ Modification/Enforcement/Contempt Proceedings
___ Juvenile Dependency	___ Juvenile Delinquency
___ Termination of Parental Rights	___ Criminal
___ Domestic/Sexual/Dating/Repeat	___ Mental Health
Violence or Stalking Injunctions	___ Other {specify} _____

State where case was decided or is pending: ___ Florida ___ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [check all that apply]:

- ☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 2

Case Name(s): _____

Petitioner _____

Respondent _____

Case No.: _____ Division: _____

Type of Proceeding: [check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> Dissolution of Marriage | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> Custody | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Termination of Parental Rights | <input type="checkbox"/> Criminal |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat
Violence or Stalking Injunctions | <input type="checkbox"/> Mental Health |
| | <input type="checkbox"/> Other {specify} _____ |

State where case was decided or is pending: ☐ Florida ☐ Other: {specify} _____

Name of Court where case was decided or is pending (*for example, Fifth Circuit Court, Marion County, Florida*): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [check all that apply]:

- ☐ pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

Related Case No. 3

Case Name(s): _____
Petitioner _____
Respondent _____
Case No.: _____ Division: _____

Type of Proceeding: [check all that apply]

<input type="checkbox"/> Dissolution of Marriage	<input type="checkbox"/> Paternity
<input type="checkbox"/> Custody	<input type="checkbox"/> Adoption
<input type="checkbox"/> Child Support	<input type="checkbox"/> Modification/Enforcement/Contempt Proceedings
<input type="checkbox"/> Juvenile Dependency	<input type="checkbox"/> Juvenile Delinquency
<input type="checkbox"/> Termination of Parental Rights	<input type="checkbox"/> Criminal
<input type="checkbox"/> Domestic/Sexual/Dating/Repeat	<input type="checkbox"/> Mental Health
Violence or Stalking Injunctions	<input type="checkbox"/> Other {specify} _____

State where case was decided or is pending: ☐ Florida ☐ Other: {specify} _____

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): _____

Title of last Court Order/Judgment (if any): _____

Date of Court Order/Judgment (if any): _____

Relationship of cases [check all that apply]:

☐ Pending case involves same parties, children, or issues;
☐ may affect court's jurisdiction;
☐ Order in related case may conflict with an order in this case;
☐ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: _____

2. [check one only]

☐ I do not request coordination of litigation in any of the cases listed above.

☐ I do request coordination of the following cases: _____

3. [check all that apply]

☐ Assignment to one judge

☐ Coordination of existing cases

will conserve judicial resources and promote an efficient determination of these cases
because: _____.

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: _____

Petitioner's Signature
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

CERTIFICATE OF SERVICE

I **CERTIFY** that I delivered a copy of this Notice of Related Cases to the _____
County Sheriff's Department or a certified process server for service on the Respondent, and [check
all used] () e-mailed () mailed () hand delivered, a copy to {name} _____,
who is the [check all that apply] () judge assigned to new case, () chief judge or family law
administrative judge, () {name} _____ a party to the related
case, () {name} _____, a party to the related case on {date} _____.

Signature of Petitioner/Attorney for Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____
Florida Bar Number: _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in all blanks] This form was prepared for the {choose **only one**}: () Petitioner () Respondent.

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{address} _____

{city} _____ {state} _____, {telephone number} _____.

PLEASE PRINT

Division:

INFORMATION / DESCRIPTION SHEET

TO: THE PALM BEACH COUNTY SHERIFF'S OFFICE

Case No: _____

Party ID _____

RESPONDENT'S NAME: _____

AKA (also known as) _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEMPORARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

RACE: _____ SEX: _____ AGE: _____ D.O.B. _____

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

DISTINGUISHING MARKS OR FEATURES: _____

Party ID _____

D.O.B. _____

1ST PETITIONER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

Party ID _____

D.O.B. _____

2ND PETITIONER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

Party ID _____

D.O.B. _____

3RD PETITIONER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

BEST TIME TO SERVE: _____

FORM 1.998.

INSTRUCTIONS FOR ATTORNEYS COMPLETING FINAL DISPOSITION FORM

I. Case Style. Enter the name of the court, the appropriate case number assigned at the time of filing of the original complaint or petition, the name of the judge assigned to the case and the names (last, first, middle initial) of plaintiff(s) and defendant(s).

II. Means of Final Disposition. Place an "x" in the appropriate major category box and in the appropriate subcategory box, if applicable. The following are the definitions of the disposition categories.

- (A) Dismissed Before Hearing—the case is settled, voluntarily dismissed, or otherwise disposed of before a hearing is held;
- (B) Dismissed Pursuant to Settlement - Before Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reached without mediation before a hearing is held;
- (C) Dismissal Pursuant to Mediated Settlement - Before Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reached with mediation before a hearing is held;
- (D) Other - Before Hearing—the case is dismissed before hearing in an action that does not fall into one of the other disposition categories listed on this form;
- (E) Dismissed After Hearing—the case is dismissed by a judge, voluntarily dismissed, or settled after a hearing is held;
- (F) Dismissal Pursuant to Settlement - After Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reached without mediation after a hearing is held;
- (G) Dismissal Pursuant to Mediated Settlement - After Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reached with mediation after a hearing is held;
- (H) Other - After Hearing—the case is dismissed after hearing in an action that does not fall into one of the other disposition categories listed on this form;
- (I) Disposed by Default—a defendant chooses not to or fails to contest the plaintiff's allegations and a judgment against the defendant is entered by the court;
- (J) Disposed by Judge—a judgment or disposition is reached by the judge in a case that is not dismissed and in which no trial has been held. Includes stipulations by the parties, conditional judgments, summary judgment after hearing and any matter in which a judgment is entered excluding cases disposed of by default as in category (I) above;
- (K) Disposed by Non-Jury Trial—the case is disposed as a result of a contested trial in which there is no jury and in which the judge determines both the issues of fact and law in the case;
- (L) Disposed by Jury Trial—the case is disposed as a result of a jury trial (consider the beginning of a jury trial to be when the jurors and alternates are selected and sworn);
- (M) Other—the case is consolidated, submitted to arbitration or mediation, transferred, or otherwise disposed of by other means not listed in categories (A) through (L).

DATE AND ATTORNEY SIGNATURE. Date and sign the final disposition form.

FORM 1.998. FINAL DISPOSITION FORM

This form shall be filed by the prevailing party for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075. (See instructions on the reverse of the form.)

I. CASE STYLE

(Name of Court)

Plaintiff _____

Case #: _____

Judge: _____

vs.

Defendant _____

II. MEANS OF FINAL DISPOSITION (Place an "x" in one box for major category and one subcategory, if applicable, only)

- ☐ Dismissed Before Hearing
 - ☐ Dismissed Pursuant to Settlement – Before Hearing
 - ☐ Dismissed Pursuant to Mediated Settlement – Before Hearing
 - ☐ Other – Before Hearing
- ☐ Dismissed After Hearing
 - ☐ Dismissed Pursuant to Settlement – After Hearing
 - ☐ Dismissed Pursuant to Mediated Settlement – After Hearing
 - ☐ Other After Hearing – After Hearing
- ☐ Disposed by Default
- ☐ Disposed by Judge
- ☐ Disposed by Non-jury Trial
- ☐ Disposed by Jury Trial
- ☐ Other

DATE _____

SIGNATURE OF ATTORNEY FOR PREVAILING PARTY _____



THE
15TH JUDICIAL CIRCUIT
OF FLORIDA
ADMINISTRATIVE OFFICE OF THE COURT

E-SERVICE INSTRUCTIONS FOR SELF REPRESENTED PARTIES

Pursuant to the Florida Rule of Judicial Administration 2.516, self-represented parties involved in any type of case in any Florida court, may, but are not required to, serve on the opposing party's attorney court documents by e-mail.

E-mail Service to/from an Opposing Party: Self-represented parties opting to serve court documents by e-mail may do so by designating a primary e-mail address (and up to 2 secondary e-mail addresses) for receiving service in that proceeding. This designation only informs the other side of your email address. Once a party has filed an e-mail address designation in a proceeding, all court documents required or permitted to be served on a party must be served by e-mail unless the parties otherwise agree or a court orders otherwise.

E-Mail Service from Participating Judges: Self-represented parties who want to receive court orders and other court documents from judges who use e-mail service **MUST** register with the 15th Judicial Circuit's online services system at **www.15thcircuit.com/html/online services**. You will NOT receive court documents from participating judges unless and until you register with the 15th Judicial Circuit's online system.

Form of Email: E-mail service is made by attaching a copy of the document to be served in PDF format to an e-mail. The e-mail's subject line must state "SERVICE OF COURT DOCUMENT" in all capital letters, followed by the case number of the relevant proceeding. The body of the e-mail must identify the: (1) court in which the proceeding is pending; (2) case number; (3) name of the initial party on each side; (3) title of each document served with that e-mail; (4) sender's name; (5) sender's telephone number. The e-mail and attachments together may not exceed 5 megabytes in size; e-mails that exceed the size requirement must be divided into separate e-mails (no one of which may exceed 5 megabytes) and labeled sequentially in the subject line. Documents served by e-mail may be signed by "/s/", "/s" or "s/" as long as the document filed with the Clerk's Office is signed in accordance with the applicable rule of procedure.

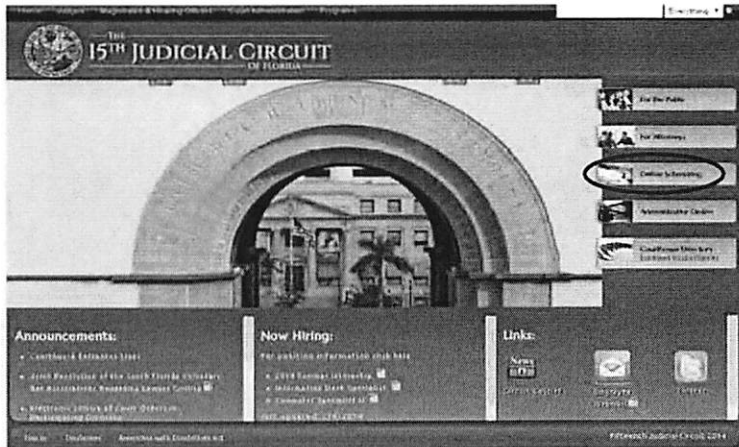
Service Dates: Service by e-mail is deemed complete on the date it is sent. E-mail service is treated as service by mail for the computation of time. When, in addition to service by e-mail, the sender also utilizes another means of service provided for in the Rules of Judicial Administration, the computation of time will be based on the method of service that has the shortest response time.

Filing of Documents: The Rules of Judicial Administration require that all documents be filed with the court either before service on the opposing party or immediately thereafter. Documents are deemed filed when they are filed with the clerk of court. If the sender learns that the e-mail did not reach the address of the person to be served, the sender must immediately send another copy by e-mail, or serve by a means authorized by subdivision (b)(2) of the Rules of Judicial Administration.

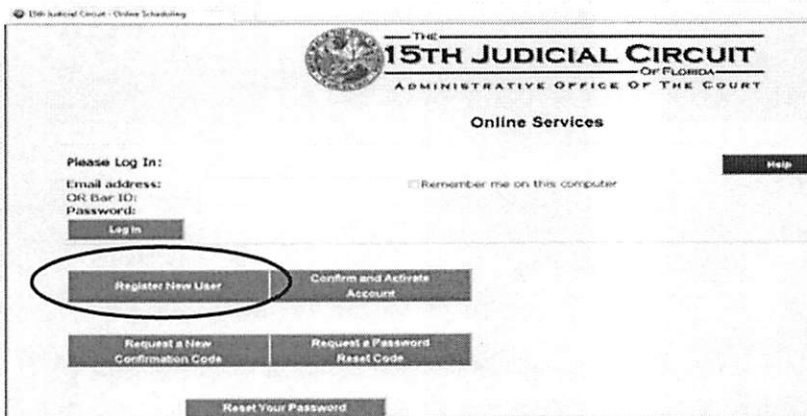


THE
15TH JUDICIAL CIRCUIT
OF FLORIDA
ADMINISTRATIVE OFFICE OF THE COURT

Instructions for E-Service Registration For Self Represented Litigants

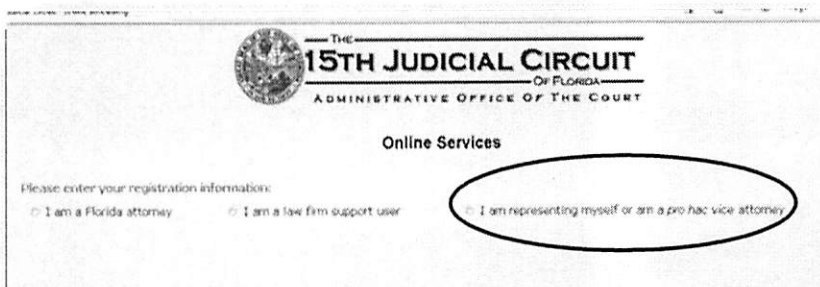


- Go to www.15thcircuit.com
- Select Online Scheduling
- Select Online Scheduling Application



This will take you to the Log In Screen.

First time users click on "Register New User".



Select the "Pro se/ Pro hac vice" button

Enter the information requested in the fields provided.

NOTE:

The e-mail address listed here is for logging into Court e-service applications. This address is NOT FOR USE as an e-service email address unless you want it to be.

Simply type the code in the space provided and press the green submit button.

The account has now been created.
A confirmation email will be sent to registered login email address.

IMPORTANT:

The user **MUST** accept and login within 24 hours.

Instructions for E-Service Registration for Self Represented Litigants, (06/13)

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

CASE NO.: _____

_____,
Plaintiff/Petitioner

v.

_____,
Defendant/Respondent.

**DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS AND
DIRECTIONS TO PROVIDE E-MAIL ADDRESS TO COURT ADMINISTRATION**

I, (full legal name) _____, being sworn, certify that my
current mailing address is: {Street} _____

{City} _____, {State} _____, {Zip} _____

{Telephone No.} _____ {Fax No.} _____

I designate as my current e-mail address(es) (up to 3 different email address): _____

- _____.
1. I understand that in order to receive court orders from participating judicial divisions in the Fifteenth Judicial Circuit/Palm Beach County, I must register my email address with Court Administration by going to www.15thcircuit.com/html/online services.
 2. I further understand that simply listing an email address on this form will NOT inform the judge or case manager of my email address and that I MUST register on line with the Court's online e-registration system.
 3. Once registered, I agree to accept email service of court orders or documents sent by the court.
 4. By completing this form I am authorizing participating Judicial Divisions and the Court of the Clerk, of the Fifteenth Judicial Circuit Court of Florida to send copies of orders/judgment, notices or other written communications to me by e-mail and not through regular U.S. Mail.
 5. I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.
 6. I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.

I certify that a copy of this document was {check all used}: () e-mailed () mailed () faxed
() hand-delivered to the person(s) listed below on {date}_____.

Other party or his/her attorney

Name: _____

Address: _____

City, State, Zip: _____

Fax Number: _____

E-Mail Address(es): _____

Dated: _____

Signature of Party

STATE OF FLORIDA
COUNTY OF PALM BEACH

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name
of notary or clerk]

_____ Personally Known

_____ Produced Identification

Type of identification produced _____

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE
BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only one} () Petitioner () Respondent

This form was completed with the assistance of:

{name of individual} _____

{name of business} _____

{street} _____

{city} _____, {state} _____ {telephone number} _____

Designation of Current Mailing and E-Mail Address and Directions to Provide E-mail Address to Court Administration (04/13)

INSTRUCTIONS FOR NOTICE OF CHANGE OF ADDRESS

When should this form be used?

This form should be used when you make any changes to your mailing/e-mailing address at anytime during the course of the case.

This form should be typed or printed in black ink. You should file the original with the clerk of the circuit court in the county where the petition was filed and keep a copy for your records.

What should I do next?

A copy of this form must be mailed or hand delivered to the other party in your case.

Where can I look for more information?

Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms. The words that are in “**bold underline**” in these instructions are defined there. For further information, see chapter 742, Florida Statutes.

Special notes...

It is the party's responsibility to timely update their address. If you do not update your address timely, you may not receive documents filed in your case.

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

Case No.: _____
Division: _____

Plaintiff/Petitioner,

V.

Defendant/Respondent.

NOTICE OF CHANGE ADDRESS

Please be advised that the undersigned has changed their mailing address to:

Address: _____

City: _____

State: _____

Zip code: _____

Phone Number: _____

Please be advised that the undersigned has changed his/her email address to the following:

Email Address: _____

Signature

Printed Name

CERTIFICATE OF SERVICE

I certify that a copy of this document was mailed to the person listed below by U.S. Mail on the following date: _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

E-Mail: _____

Signature