

IN THE CIRCUIT COURT OF THE
FIFTH JUDICIAL CIRCUIT IN AND
FOR LAKE COUNTY, FLORIDA

IN RE: _____

CASE NO: _____

**PETITION FOR ORDER FOR INVOLUNTARY ADMISSION FOR TREATMENT,
ASSESSMENT OR STABILIZATION FOR SUBSTANCE ABUSE**

I, _____, being duly sworn, herby state that I have personally observed the behavior and conduct of _____, and I have reason to believe that said person:

1. Has lost the power of self-control with respect to substance use; and
2. _____(a) has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself or others, or _____(b) is in need of substance abuse services and by reason of substance abuse, his judgment has been so impaired that he is incapable of appreciating his need for such services and of making a rational decision regarding need of such services.

I further allege that _____ has refused to submit to a medical examination.

I observed _____ do the following: (See attached statement of petitioner)

The name of respondent's attorney is _____, or he is unable to afford an attorney.

My relationship to the respondent is _____.

I hereby petition the Court to hear this matter and to order appropriate treatment and/or assessment or stabilization.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.

Executed this _____.

Signature of Petitioner

Name _____

Address _____

State of Florida

County of Lake

Sworn to and subscribed before me by _____, who is personally known to me _____ or produced _____ as identification this _____ day of _____, _____.

Deputy Clerk or Notary Public State of Florida

My Commission Expires:

C: Respondent
Treatment Facility
Petitioner
State Attorney

STATEMENT OF PETITIONER

RE: _____

CASE NO.: _____

Dated this _____ day of _____, _____.

Petitioner

Sheriff

Lake County



Peyton C. Grinnell

360 West Ruby Street

Tavares, Florida 32778

Phone 352-343-9500

INFORMATION ON RESPONDENT:

Name _____

Race: _____ Sex: _____ Date of Birth: _____

Eyes: _____ Height: _____ Weight: _____ Hair: _____

Scars, Marks, Tattoos: _____

(If possible, include a recent photo, color preferred)

Vehicle description(s) *(if possible, include tag numbers and work vehicles):* _____

Home address/directions *(include relative or friend's address where respondent may stay) (POST OFFICE BOXES AND ROUTE NUMBERS ARE NOT ACCEPTABLE):*

Home telephone number: _____ Cellular telephone number: _____

Place of employment *(include address, directions, telephone number, normal working hours and occupation):*

Does subject have access to any type of firearm or weapon? Do you feel subject would use them? Is the subject prone to violence? _____

Are there outstanding warrants against subject? _____

Is there a location the respondent is usually at? _____

PETITIONER'S NAME: _____

Physical address: _____

Telephone number: _____ Race: _____ Sex: _____

Date of Birth: _____

RECEIVED BY: _____