## IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

	davit Seeking Ex Parte Order F						
I,Print Name of Pet	, being duly sworn	, am filing this sworn stat	ement requestin	g a court Order for			
	ation ofPrint Name of Respo						
This petition and affida	vit will be included in RESPONDE	NT's clinical record and r	nay be viewed b	y RESPONDENT.			
I understand that, by fil an examination.	ling out this form, RESPONDENT 1	may be taken by law enfo	rcement to a me	ntal health facility for			
I SWEAR that the answ	vers to the following questions are g	iven honestly, in good fai	th, and to the be	st of my knowledge.			
1. My contact info	ormation: Phone: ()	Email:					
Address:	Street Address	City	State	Zip Code			
Occupation:		Work Phone: (	)				
Work Address:	Street Address						
			State	Zip Code			
2. RESPONDEN'	Γ's contact information: Phone: (	<u>).</u> Eı	nail:				
RESPONDEN'	RESPONDENT lives at, or may be located at, the following address(es):						
Address:	Street Address	City	State	Zip Code			
Address:	Street Address	City	State	Zip Code			
4.11	Street Address	City	State	Zip Code			
Address:	Street Address	City	State	Zip Code			
3. I have the follo	wing relationship with RESPONDE	ENT:					
A Charlette and	L th at a malian						
	box that applies:	_					
	r a family member  have <b>OR</b> holving RESPONDENT on (date)	_					
	ild abuse or neglect, Baker Act, Mar			, separate, easier)			

			·	,		
			RESPONDENT has OR has not previously made allegations to law enforcement involving me or my family on (date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, Marchman Act, etc. Please 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 RESPONDENT.	court case with		
		b.	I or a family member am now, or was, involved in a court case with RESPON			
			was a in	When		
		Ex	plain:			
6.			wn RESPONDENT for (how long):x that applies):	, AND (check		
		RE	ESPONDENT has only recently displayed unusual kinds of behavior.			
		RE	ESPONDENT has, over a period of time, always acted in a strange manner.	×		
		RE	ESPONDENT's behavior has developed over a period of time.			
7.	Check	the	one box that applies:			
		a.	I am on good terms with RESPONDENT.			
		b.	I am not on good terms with RESPONDENT.			
		Ex	zplain:			

## COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE: 8. I have seen the following behavior, which causes me to believe that there is a good chance that the RESPONDENT will case seriously bodily harm to himself/herself or others: On \_\_\_\_\_ (date) at approximately (time), I saw RESPONDENT: 9. Other similar behavior I have personally seen is as follows: 10. To my knowledge or belief, | I do OR | I do not believe these actions were a result of intellectual disability, developmental disability, traumatic brain injury, dementia, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment. CHECK AND/OR ANSWER APPLICABLE SECTIONS: 11. Check the one box that applies: a. I have attempted to get RESPONDENT to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination): b. I did not try to get RESPONDENT to agree to a voluntary examination because: c. RESPONDENT refused a voluntary examination because: 12. The following steps were taken to get RESPONDENT to go to a hospital for mental health care:

	These steps did not work because:
3.	The believe that RESPONDENT is unable to determine for himself/herself why the examination is necessary
	because:
l4.	I believe that RESPONDENT has a mental illness which will keep RESPONDENT from being able to meet the
	ordinary demands of living because:
	I believe that without treatment, RESPONDENT is likely to suffer from neglect or refuse to care for himself/herself because:
16.	I believe that this lack of care or neglect has led or will lead to RESPONDENT harming himself/herself because:
17.	Can family or close friends now provide enough care to avoid harm to RESPONDENT? Yes <b>OR</b> No
	If not, why?

Provide the following identifying information about RESPONDENT (if known) if it is determined necessary to take RESPONDENT into custody:				
Age and/or DOB:	Sex: Male F	emale R	ace:	
Height: Weight:	Hair color:	E	ye Color:	
Does RESPONDENT have access to an If yes, describe:	ny weapons? Yes C	OR No		
Is RESPONDENT violent now? Y Has RESPONDENT been violent in the If yes to either of the above, describe:		No .		
Does RESPONDENT have any pendin If yes, describe:	g criminal charges agains	et him/her?	es OR No	
GUARDIANSHIP:  1) Does RESPONDENT have a let 2) Is there a pending petition to de Yes OR No. If yes, pl If yes to either of the above, provide the Name: Pl	etermine RESPONDENT ease provide Case Numb- e name, address, and pho	"s capacity and for er:ne number of the	guardian/proposed guardian:	
Address:Street Address	City	State	Zip Code	
PHYSICIAN: Name:	a a very supplied of the second of the secon	Phone: ( )		
MEDICATIONS:				
CASE MANAGEMENT: Provide name	ne and phone number of case	e manager and/or ca	ase management agency, if known:	
I understand that this sworn statemer judge in a court of law. I understand the knowledge and given in good faith mastatutes of the State of Florida.  Under penalties of perjury, I declare the true and correct:	that any information in by expose me to a penalt that I have read the fore	this sworn stater y for perjury and egoing document	nent which is not to the best of my d other possible penalties under the and that the facts stated in it are	
Signature of Affiant/Petitioner:				
SWORN TO AND SUBSCRIBED before thisday of by who is: personally known to me or as iden	_, 20 <b>OR</b>	thisday of _	D SUBSCRIBED before me	
N	·····	By:	Deputy Clerk	
Notary Public – State of Florida  My Commission expires on:			Deputy Clerk	

## KNOWN RELATED CASES:

		the first term of the control of the
CASE NUMBER	STYLE	DATE OF
		ADJUDICATION

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany RESPONDENT to the receiving facility.