

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

IN RE: _____ CASE NO.: _____

Petition for Involuntary Outpatient Placement

COMES NOW the Petitioner, _____, and alleges:

1. That Petitioner is Administrator of: _____
Name of Receiving or Treatment Facility Facility Address
2. That _____, is served in said receiving or treatment facility and has been examined at such facility
3. The last four (4) digits of the individual's social security number are _____ and date of birth is: _____
Date _____
4. That this petition is being filed within the following time frames: (Check one below)
 - A. This individual was admitted for involuntary examination and this petition is being filed within the 72-hour examination period, or if the examination period ends on a weekend or legal holiday, on the next court working day; **OR**
 - B. This individual was transferred to involuntary status after examination or after refusing/revoking consent to treatment or requesting discharge from the facility and this petition is filed within two court working days.
 - C. This individual is currently on an order for involuntary inpatient placement, and this petition is being filed before the expiration of that order;
 - D. A petition for involuntary inpatient placement has been filed and a hearing is pending.
5. That attached hereto and by reference made a part hereof, are two (2) opinions and supporting facts regarding the mental health of said individual necessitating involuntary outpatient placement. Also attached is the proposed treatment plan and the administrator's certification that the services in the proposed plan are available.
6. In addition to at least one of the two experts whose opinions are attached, the following persons may testify in support of the petition for involuntary outpatient placement:

	Witness	Witness	Witness
Name:	_____	_____	_____
Relationship	_____	_____	_____
Address	_____	_____	_____
Telephone:	(____) _____	(____) _____	(____) _____

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Petition for Involuntary Outpatient Placement (Page 2)

COMES NOW THE PETITIONER and further alleges that:

1. A Guardian Advocate is necessary to act on the individual's behalf on issues related to express and informed consent to:
- Mental health treatment only, or
 - Both mental health and medical treatment decisions

And a Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate is attached;

OR

2. The individual /respondent is competent to provide express and informed consent to his or her own treatment or the individual has a guardian authorized to consent to treatment and no Guardian Advocate is requested.

Signature of Facility Administrator or Designee

Date

_____ am pm
Time

Typed or Printed Name of Administrator or Designee

Individual does or does not have a private attorney. If so, the name and address of the private attorney is:

Private Attorney Name: _____

Private Attorney Address: _____

NOTE: The Clerk of the Court shall provide a copy of this petition and the proposed treatment plan to the: (Check when applicable and initial/date/time when copy provided)

Person	Date Copy Provided	Time Copy Provided	Initials of Who Provided Copy
<input type="checkbox"/> Individual		am pm	
<input type="checkbox"/> Guardian		am pm	
<input type="checkbox"/> Public Defender		am pm	
<input type="checkbox"/> Representative		am pm	
<input type="checkbox"/> State Attorney		am pm	
<input type="checkbox"/> Dept. of Children & Families		am pm	
<input type="checkbox"/> Managing Entity		am pm	

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Petition for Involuntary Outpatient Placement (Page 3)
First Opinion Supporting the Petition

I, _____ a psychiatrist authorized to practice in the State of Florida, have personally examined _____ on _____ (within 72 hours of the signing hereof) and find from such
Name of Individual Date

examination that the individual meets each of the following criteria for involuntary outpatient placement. Each of the following required criterion must be alleged and substantiated by evidence in this petition.

1. The individual is 18 years of age or older, corroborated by: _____
2. The individual has a mental illness, as substantiated by the following evidence: _____

3. The individual is unlikely to survive safely in the community without supervision, based on a clinical determination, as substantiated by the following evidence: _____

4. The individual has a history of lack of compliance with treatment for a mental illness, as substantiated by the following evidence: _____

5. The individual has:
 - a. At least twice within the immediately preceding 36 months been involuntarily admitted to a receiving or treatment facility as defined in s. 394.455, F.S. or has received mental health services in a forensic or correctional facility. The 36-month period does not include any period during which the individual was admitted or incarcerated, as substantiated by the following evidence: _____

 - or**
 - b. Engaged in one or more acts of serious violent behavior toward self or others, or attempts at serious bodily harm to himself or herself or others, within the preceding 36 months, as substantiated by the following evidence: _____

6. The individual is, as a result of a mental illness, unlikely to voluntarily participate in the recommended treatment plan and either he or she has refused voluntary placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of placement for treatment or he or she is unable to determine for himself or herself whether placement is necessary, as substantiated by the following evidence: _____

7. In view of the individual's treatment history and current behavior, the individual is in need of involuntary outpatient placement in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth in the criteria for involuntary examination, as substantiated by the following evidence: _____

8. It is likely that the individual will benefit from involuntary outpatient placement, as substantiated by the following evidence: _____

AND

9. All available less restrictive treatment alternatives than court-ordered involuntary outpatient placement which would offer an opportunity for improvement of said individual's condition have been judged to be inappropriate or unavailable, based on contact with the following programs/agencies: _____

Signature of Psychiatrist Date Time am pm

Typed or Printed Name of Psychiatrist License Number

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**Petition for Involuntary Outpatient Placement
Second Opinion Supporting the Petition (Page 4)**

I, _____, a psychiatrist, clinical psychologist, licensed physician, physician assistant*, psychiatric nurse, clinical social worker* authorized to provide a second opinion on this petition pursuant to Section 394.4655(3), F.S., have personally examined

_____ on _____, (within 72 hours of signing hereof), and find
Name of Individual Date

that he/she meets the criteria for involuntary outpatient placement as stated in this petition. Observations and supporting evidence which support this opinion are: _____

Signature of Examiner

Date

Time am pm

Typed or Printed Name of Examiner

Profession

License Number

Printed Name and Signature of Administrator or Designee

Date

* If the administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion, it may be provided by a licensed physician who has postgraduate training and experience in diagnosis and treatment of mental illness, a physician assistant who has at least 3 years' experience and is supervised by the licensed physician or a psychiatrist, a clinical social worker, or by a psychiatric nurse.

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