



Instructions for Requesting Involuntary Services
(The following is for informational purposes only and does not constitute legal advice)

The Hal S. Marchman Act, Florida Statute 397.01 et seq. (1993), was enacted by the Florida Legislature to address issues of substance and alcohol abuse. The Marchman Act supports substance abuse prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse.

1. The Petitioner must complete all parts of the PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES and file it with the Palm Beach County Clerk of Court. Please provide detailed, factual allegations based on first-hand knowledge (your own observations of the Respondent's behavior and statements). The Petition must be legible. You must swear that all the information provided is true and correct. Thus, **do not sign the Petition until you are in the presence of a notary or Deputy Clerk.**

a. **Petition filed with an Assessment:** The Petition may be filed with a substance abuse assessment, a report, or a certificate by a qualified professional that was conducted within 30 days before filing. A hearing will be scheduled within ten court working days of filing the Petition. If in possession of the assessment, it should be filed with the Petition. If not in possession of the assessment when filing the Petition, the Petitioner must ensure the assessment is filed with the court **no later than** the ordinary close of business on the day prior to the scheduled hearing.

b. **Petition filed without an Assessment:** If no assessment was done by a qualified professional before filing the Petition, the lack of an assessment or refusal must be noted in the Petition. A hearing will be scheduled within ten court working days of filing the Petition. The Petitioner may request an order for assessment and stabilization at the hearing or, if an emergency exists, the Petitioner may request in the petition that an emergency order for assessment and stabilization be executed without a hearing.

2. The Petitioner may wish to find an approved licensed service provider to conduct a clinical assessment that complies with Florida Statute section 397.6957 or to provide appropriate treatment. The Petitioner must confirm with the facility the date and time that it is willing to receive the Respondent for assessment or treatment and must arrange for payment. The Court does not pay the cost of treatment.

TO FIND A FACILITY: A treatment locator is available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website is at <https://findtreatment.gov>. Petitioner must contact the facility and confirm it is a Marchman receiving facility.

3. The Petitioner and Respondent have the responsibility of attending all court hearings related to the Petition unless excused by the Judge. At the hearing, the Petitioner has the burden of proof. Each party is responsible for presenting evidence, including documents, witnesses, and expert witnesses. **The Petitioner is not entitled to a court-appointed attorney.**

City of Riviera Beach Civil Drug Court
561-840-4824

PLEASE PRINT LEGIBLY

Division: Probate/Mental Health
INFORMATION / DESCRIPTION SHEET

TO: THE PALM BEACH COUNTY SHERIFF'S OFFICE

Case No. _____ **Division:** _____

RESPONDENT'S NAME: _____

AKA (also known as): _____

RESIDENTIAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TEMPORARY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

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

HEIGHT: _____ **WEIGHT:** _____ **HAIR COLOR:** _____

EYE COLOR: _____ **TATTOOS:** _____

DL/STATE ID: _____ **SS#: (ENTIRE #):** _____

DISTINGUISHING MARKS/ FEATURES: _____

ADDITIONAL INFORMATION THAT WOULD ASSIST WITH SERVICE: _____

BEST TIME TO SERVE: _____

PETITIONER'S NAME: _____

D.O.B. _____ **RELATIONSHIP TO RESPONDENT:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

NOTIFY CIVIL DRUG COURT OF SERVICE: civil_drug_court_dg@rivierabeach.org

ADDITIONAL PETITIONERS

PETITIONER'S NAME: _____

D.O.B _____ RELATIONSHIP TO RESPONDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

PETITIONER'S NAME: _____

D.O.B _____ RELATIONSHIP TO RESPONDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

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

IN RE: _____ CASE NO: _____

**Petition and Affidavit for Involuntary Treatment Services
[Marchman Act]
*Pursuant to Florida Statute Chapter 397***

I (We) _____, being duly sworn, am (are) filing this sworn statement requesting a court Order for Involuntary Treatment Services for Substance Abuse under the Marchman Act of _____, ☐ an adult or ☐ a minor (hereinafter referred to as Respondent). (Name of Person)

The Petitioner(s) has(have) a good faith belief that the Respondent meets the criteria for Involuntary Admission because: *(Check one)*

- ☐ The Respondent is substance abuse impaired; OR
☐ The Respondent has a substance abuse disorder and a co-occurring mental health disorder.

The Petition and Affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form; (1) the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization; (2) If this Petition should be granted, the Respondent's name will be placed on the statewide Mental Competency Database (MECOM).

I SWEAR AND AFFIRM that the answers to the following questions are given honestly, in good faith, to the best of my knowledge, and for no ulterior purpose.

Assessment Status: *(Check one)*

- ☐ 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 30 days;

If assessed: *(Check one)*

- ☐ A copy of the Assessment is attached; or
☐ A copy of the Assessment will be filed with the Clerk of the Circuit Court by the qualified professional no later than the ordinary close of business on the day before the scheduled hearing. *[Petitioner(s) will bring a copy to the scheduled hearing.]*

OR

- ☐ Petitioner(s) is(are) seeking court ordered involuntary assessment and stabilization pursuant to F.S. 397.6818.

Exigent Circumstances:

☐ I/We, the Petitioner(s), allege that exigent circumstances exist requiring the issuance of an ex parte Order for assessment and stabilization of the Respondent.

Describe in detail the exigent circumstances that cause you to believe the Court should treat this as an emergency:

1. PARTY ADDRESSES:

a. The Petitioner lives at (print full residential address):

Street Address _____ City _____ State _____ Zip _____

b. The Respondent lives at (RESIDENTIAL ADDRESS):

Street Address _____ City _____ State _____ Zip _____

c. The Respondent *may be found at (non-residential address)*:

Street Address _____ City _____ State _____ Zip _____

2. I have the following relationship with the Respondent: (Check one)

- ☐ Spouse
- ☐ Legal Guardian
- ☐ Relative _____
- ☐ Service Provider
- ☐ Adult with direct personal knowledge of the Respondent's substance abuse impairment and prior course of assessment and treatment.

3. The Respondent: (Check as many as apply)

- ☐ Has mental health issues;
- ☐ Is a minor;
- ☐ Has assets sufficient to pay attorney fees;
- ☐ Does not have assets sufficient to pay attorney fees; or
- ☐ It is unknown whether the Respondent has assets sufficient to pay attorney fees.

4. I ☐ am ☐ am not on good terms with the Respondent at the present time.

If not on good terms, please explain why:

<p>IF there is a domestic violence injunction a.k.a. restraining order, no contact order, dissolution of marriage, other family proceeding, pending eviction, or any other legal dispute involving the parties, or a family member, please provide the case number and location of the Court below:</p> <hr/> <hr/>

5. I or a family member ☐ have ☐ have not previously made allegations to law enforcement involving this Person on ____/____/____ (date) such as domestic violence, trespassing, batter, child abuse, or neglect, Baker Act, neighborhood disputes, etc. *If allegations have been made describe below:*

6. This Person ☐ has ☐ 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, neighborhood disputes, etc. *If allegations have been made, describe below:*

7. This Person ☐ has ☐ has not previously (or currently) been involved in criminal or delinquency charges. *If so, explain below:*

8. I have known the Respondent for _____ (how long)

- ☐ The Respondent has only recently displayed behavior related to substance abuse impairment or disorder.
- ☐ The Respondent has, over a period of time, had a substance abuse impairment or disorder. If so, specify how long: _____

CHECK AND COMPLETE THE FOLLOWING IF APPLICABLE:

9. I ☐ do, OR ☐ do not, believe that the Respondent is substance abuse impaired (defined in s. 397.311(19), F.S., as a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or cause socially dysfunctional behavior) If so, *explain why* (i.e., observation, related knowledge, etc.).

10. I ☐ do, OR ☐ do not, believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

11. I ☐ do, OR ☐ do not,, believe that because of such impairment or disorder, the Respondent has lost the power of self-control to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

12. I ☐ do, OR ☐ do not, believe the Respondent is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgement has been so impaired that he or she is incapable of appreciating his or her need or such services and of making a rational decision in that regard. If so, *explain why* (i.e., observation, related knowledge, etc.).

13. I ☐ do, OR ☐ do not, believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If so, *explain why* (i.e., observation, related knowledge, etc.).

14. I ☐ do, OR ☐ do not, believe that such harm may be avoided through the help of willing, able and responsible family members or friends or the provision of other services. If so, *explain why* (i.e., observation, related knowledge, etc.).

15. I ☐ do, OR ☐ do not, believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If so, *explain why* (i.e., observation, related knowledge, etc.).

16. ☐ (a.) I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

☐ (b.) I did not try to get the Respondent to agree to a voluntary assessment or treatment because:

☐ (c.) The Respondent refused a voluntary assessment or treatment because:

18. Does the Respondent have access to any weapons? ☐ Yes ☐ No ☐ Unknown

If yes, please describe the type of weapon(s) and their location(s) if known:

19. Has the Respondent been violent toward anyone including law enforcement in the recent past?
If yes, please describe:

20. Is the Respondent violent now?

If yes, please describe:

21. Does the Petitioner(s) or the Respondent require the assistance of an interpreter?

☐ Yes or ☐ No. If YES, please identify the type of interpreter required _____

22. Does the Respondent have a legal Guardian? ☐ Yes ☐ No ☐ Unknown

22. Is there a pending petition to determine the Respondent's capacity, and to appoint a guardian?

☐ Yes ☐ No ☐ Unknown

23. If YES, to either question 21, or 22 above, provide the name, address, and phone number of the current or proposed guardian, along with a copy of the Letters of Guardianship if issued.

Guardian Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Respondent's Physician

Doctor's Office _____ Phone Number _____

Physician's Name _____ Email _____

If provided, please describe: _____

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 not done in good faith may expose me to a penalty for perjury and other possible penalties under 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.

ESERVICE/EMAIL OF PETITIONER(S) _____

Signature of Petitioner(s) _____

Petitioner's Signature can be verified by a Notary Public or by the Clerk of the Court

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____ by _____ who is personally know to me or who has produced _____ as identification.

[Notary Seal]

NOTARY PUBLIC or DEPUTY CLERK

Name Typed, printed, or stamped
My Commission Expires: _____

COVER SHEET FOR FAMILY COURT CASES

I. Case Style

IN THE CIRCUIT COURT OF THE 15th 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 filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must 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) _____ Support for Dependent Adult Children - all matters related to support of a dependent adult child.

(M) _____ Other Family Court

(N) _____ Adoption Arising Out Of Chapter 63

- (O) ☐ Name Change
 (P) ☐ Paternity/Disestablishment of Paternity
 (Q) ☐ Juvenile Delinquency
 (R) ☐ Petition for Dependency
 (S) ☐ Shelter Petition
 (T) ☐ Termination of Parental Rights Arising Out Of Chapter 39
 (U) ☐ Adoption Arising Out Of Chapter 39
 (V) ☐ CINS/FINS
 (W) ☐ Petition for Temporary or Concurrent Custody by Extended Family
 (X) ☐ Emancipation of a Minor

IV. Rule of General Practice and 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} _____, {zip code} _____, {telephone number} _____.

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 General Practice and 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

_____ Support for Dependent Adult Children

_____ 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"/> Support for Dependent Adult Children |
| <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 |
| <input type="checkbox"/> 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: _____

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"/> Support for Dependent Adult Children |
| <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 |
| <input type="checkbox"/> 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 case 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: _____
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} _____

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

CaseNo: _____

Division: _____

Petitioner,

and

Respondent.

Date of Birth Form for Unified Family Court

Instructions

Pursuant to Administrative Order 5.109, this form is to be completed and filed with the Clerk's Office in all new and reopened Unified Family Court ("UFC") cases. UFC case types include but are not limited to all family, juvenile, mental health, domestic violence and guardianship cases. A detailed list of UFC case types can be found in Administrative Order 5.101.

Sensitive Information in this document (month and day of birth/names of minors) will be redacted by the Clerk and will not be accessible by the general public.

Information

Petitioner's Name	Petitioner's D.O.B		
Petitioner's Address			
Respondent's Name		Respondent's D.O.B	
Respondent's Address			
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
*Please attach an additional page for additional Party or Child			

Filed by: _____

Type/Print your name

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

CASE NO.: _____

Plaintiff/Petitioner

v.

Defendant/Respondent

**DESIGNATION OF E-MAIL ADDRESS BY A PARTY NOT
REPRESENTED BY AN ATTORNEY**

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C),

I, (full legal name) _____, designate the E-mail address(es)
below for electronic service of all documents related to this case.

Designated E-mail Address: _____

Secondary E-mail Address: _____

Other E-mail Address: _____

1. By completing this form, I am authorizing the Court, the Clerk of the Fifteenth Judicial Circuit of Florida, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.
2. 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 copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

(Signature)

(Printed Name)

(E-mail Address)

(Phone Number)

CERTIFICATE OF SERVICE

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): _____

**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} _____

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

Case No.: _____

Division: _____

Plaintiff/Petitioner,

and

Defendant/Respondent.

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR A PARTY NOT
REPRESENTED BY AN ATTORNEY**

(Name) _____ requests to be excused
pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e- mail
service because I am not represented by an attorney and:

- ☐ I do not have an e-mail account.
☐ I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive
all copies of notices, orders, judgments, motions, pleadings, or other written communications by
delivery or mail at the following address: _____

(Address)

I understand that I must keep the clerk's office and the opposing party or parties notified of
my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I
have read the foregoing request and that the facts stated in it are true.

Dated: _____

Signature: _____

Print name: _____

Phone number: _____

CLERK'S DETERMINATION

Based on the information provided in this request, I have determined that the applicant is
☐ excused or ☐ not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud.
Admin. 2.516(b)(1)(C).

Dated: _____

Signature of the Clerk of Court: _____

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the Clerk of Court for Palm Beach
County and (insert name(s) and address(es) of parties used for service) _____

by (delivery) (mail) _____ on (date) _____

(Name of party)

A PERSON, WHO IS NOT EXCUSED, MAY SEEK REVIEW BY A JUDGE BY REQUESTING A HEARING TIME.

Sign here if you want the Judge to review the clerk's determination that you are not
excused from the e-mail service requirements. You do not waive or give up any right to
judicial review of the clerk's determination by not signing this part of the form:

Dated: _____

Signature: _____

Print name: _____



City of Riviera Beach Civil Drug Court

PETITIONER FEEDBACK SURVEY

Date: _____

How did you hear about us?

Internet	Referral	Social Media	Police Department	Community Event	Other
0	0	0	0	0	0

Comments:



MEDICAL HISTORY FORM

General Information

Clients Name: _____ Gender: ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail address: _____ SS# _____ Date of Birth: _____

Height: _____ Weight: _____ Are you a veteran? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

If yes, what is the name of employer? _____

What was your last date of employment? _____

Emergency Contact: _____ Relationship: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

If the above person is unavailable, please notify: _____ Relationship: _____

Insurance Information

Please indicate if you have any insurance or if you are covered under someone else's insurance.

Company Name: _____ Policy Number: _____

Contact Number (if applicable): _____

If covered by someone else's insurance: _____

Hospitalization

Are you currently under medical care for any reasons? If yes, please explain: _____

List all times you have been admitted to a hospital (starting with most recent)

Reason Hospitalized	Year	Hospital	Doctor
_____	_____	_____	_____
_____	_____	_____	_____

List All Operations

Operation Performed	Year	Hospital	Doctor
_____	_____	_____	_____
_____	_____	_____	_____

Please list all prescription, over-the-counter, and natural medications you are taking. Use a separate sheet if necessary.

Medication Name	Dosage	Frequency	Side Effects (known & potential)	Reason for Taking

Allergies

Include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.) NONE

Allergy	Reaction	Medication Required (if any)

Have you ever had the following conditions below: (please check one)?

High Blood Pressure	_____	Kidney Disease	_____	Asthma	_____
Stroke	_____	Bleeding Tendencies	_____	Tuberculosis	_____
Cancer	_____	Seizures	_____	Colitis	_____
Emphysema	_____	Heart Disease	_____	Anemia	_____
Ulcers	_____	Sugar Diabetes	_____	Gout	_____
Mental Illness	_____	Other	_____		

Client Print Name: _____ Date: _____

Client Signature: _____