

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

IN RE: _____ CASE NO.: _____
RESPONDENT

Petition Requesting Renewal of Involuntary Substance Abuse Services Order

The Petition of _____, who is the administrator of _____ Facility shows that:

1. The above-named person, _____ of _____ County, Florida, is a person in the aforesaid facility and was admitted to this facility on _____
Date (mm/dd/yyyy)
2. That according to the provisions of section 397.6975, F.S., this person may not be retained after the _____ day of _____, 20____, without an Order authorizing an extension of the involuntary substance abuse services period.
3. That the person continues to meet the criteria for involuntary substance abuse services pursuant to sections 397.675 and 397.693, F.S.
4. Attached is a report summarizing substance abuse services conducted during the period of involuntary services.

Wherefore, it is requested an Order be issued authorizing this Facility to retain the person for a period not to exceed ninety (90) days.

Signature of Administrator or Designee Date (mm/dd/yyyy) Time am pm

Printed or Typed Name of Administrator or Designee

This Petition must be filed with the court at least ten (10) days prior to the expiration of the court-ordered services period. The court shall immediately schedule a hearing to be held not more than fifteen (15) days after the filing of the Petition.

cc: Check when applicable and initial/date/time when copy provided:

Individual	Date Copy Provided (mm/dd/yyyy)	Time Copy Provided	Initials of Individual Providing Copy
<input type="checkbox"/> Patient		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Guardian		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Regional Counsel		<input type="checkbox"/> am <input type="checkbox"/> pm	
<input type="checkbox"/> Private Attorney		<input type="checkbox"/> am <input type="checkbox"/> pm	