

MARCHMAN ACT PROCEDURES

A Marchman Act is a means of providing an individual in need of substance abuse services with emergency substance abuse evaluation and treatment. It should be filed in the county in which the individual is located. It can be filed by the individual's spouse or guardian; any relative, a private practitioner, the director of a licensed service provider or the director's designee, or any three adults who have personal knowledge of the individual's substance abuse impairment. As the person filing a Marchman case, you are known as the "Petitioner". The individual in need of substance abuse services is known as the "Respondent".

The steps of a Marchman Act case are as follows:

1. Petition for Involuntary Assessment and Stabilization is filed with the clerk of the court.
 2. Upon filing of the petition:
 - a. A hearing will be held within 10 days of the filing of the petition. Counsel may be appointed for the respondent. Notice of Hearing will be provided to the Petitioners by mail.
 - OR
 - b. The Court will enter an ex parte order authorizing the involuntary assessment and stabilization of the respondent.
 3. If a hearing is held, the court will determine whether there is a reasonable basis to believe the respondent meets the involuntary admission criteria and either dismiss the petition or enter an order authorizing the involuntary assessment and stabilization of the respondent.
 4. If involuntary assessment and stabilization is ordered, the licensed service provider may admit the respondent for a period not to exceed 5 days.
 5. Even if the person is released, a petition for involuntary treatment can be filed if the person has been subject to involuntary assessment and stabilization within the previous 12 days. A petition for involuntary treatment can also be filed if the person meets any of the other time limits enumerated in Section 397.693, Florida Statutes.
- If you, the Petitioner, desire further treatment for the Respondent after the initial assessment and stabilization, a Petition for Involuntary Treatment must be filed by you, the Petitioner.** The service provider is not required to file such petition.
6. If a Petition for Involuntary Treatment is filed, the Court will appoint counsel for the Respondent and schedule a hearing to be held within 10 days of the filing of the petition.
 7. At the hearing, the petitioner has the burden of proving by clear and convincing evidence that the respondent meets the criteria enumerated in Section 397.6957(2), Florida Statutes.

8. At the conclusion of the hearing, the Court will either dismiss the petition or order the respondent to undergo involuntary substance abuse treatment.

The Clerk's office CANNOT give legal advice. If you have questions or concerns regarding these instructions and forms, the use of these forms, or your legal rights, it is strongly recommended that you talk to an attorney.

The Clerk's office CANNOT give any information on a specific Marchman Case as they are highly confidential; the Petitioner must be present at the Clerk's office with photo identification to receive information.

IN RE:

CASE NO.:

Respondent:
_____ /

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization

I, _____ being duly sworn, am filing this sworn statement requesting a court order
(Print Name of Petitioner)
for the involuntary assessment of _____ (hereinafter referred to as PERSON).
(Print Name of Person)

The PERSON is 18 years of age or older? yes or no Age of PERSON: _____

This petition and affidavit will be included in the PERSON's clinical record and may be viewed by the PERSON.
I understand that by filling out this form, the PERSON may be taken by law enforcement to a hospital or licensed
substance abuse facility for assessment and stabilization.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my
knowledge.

1. a. I live at: (Print Your Full Residence Address and Phone Number) Phone: (____) _____
Street Address: _____ City _____ ST _____ Zip _____

b. The PERSON lives at, or may be found at, the following address(es):
Street Address: _____ City _____
Street Address: _____ City _____

2. I have the following relationship with the PERSON: _____

3. I am on good terms with the PERSON at the present time. (Check one box) Yes No If "no", please
explain: _____

4. (Check the box that applies)
 a. I or a family member have or have not previously made allegations to law enforcement involving
this PERSON on _____ (Date) such as domestic violence, trespassing, battery, child abuse or
neglect, Baker Act, etc. as described: _____

b. This PERSON has or 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, etc. as described: _____

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c. This PERSON has or has not previously or currently criminal/delinquency charges.

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 court case with the PERSON.

b. I or a family member am now, or was, involved in a court case with the PERSON. This case is/was a

_____ in _____
(type of case) (when)

Explain: _____

6. I have known the PERSON for _____ (how long).

a. The PERSON has only recently displayed behavior related to substance abuse.

b. The PERSON has, over a period of time, had a substance abuse problem. Specify how long:

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

7. I believe that the PERSON is substance abuse impaired (defined in the law as the use of alcoholic beverages or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior): _____

8. I believe that the PERSON has lost the power of self-control with respect to substance use because:

9. I have seen the following behavior, which causes me to believe that the that the PERSON has inflicted, or threatened or attempted to inflict, or unless admitted for assessment is likely to inflict, physical harm on himself or herself or someone else On _____ at approximately _____ am pm, I saw the PERSON:

Date

Time

10. Other similar behavior I have personally seen is as follows: _____

11. I believe the PERSON is in need of substance abuse services because his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision about services because (a mere refusal to receive services is not enough to constitute lack of judgment): _____

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12. To my knowledge or belief, I do not believe these actions were a result of mental illness, retardation, developmental disability, or conditions resulting from antisocial behavior.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

13. a. I have attempted to get the PERSON to agree to seek assistance for a substance abuse problem(s) as follows: _____

b. I did not try to get the PERSON to agree to a voluntary assessment or treatment because: _____

c. The PERSON refused a voluntary assessment or treatment because: _____

14. I have made arrangements for the PERSON to be admitted to _____ Facility located at _____ for voluntary assessment and stabilization.

15. The name of the PERSON's attorney is (if any): _____

16. PERSON can cannot afford an attorney. If not, petitioner requests the court to appoint an attorney to represent the PERSON.

Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:			
County of Residence:	Social Security No.:	Date of Birth	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Attach a picture of the PERSON if possible -Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the PERSON t been violent in the recent past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and to appoint a guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.			
Name: _____ Phone: (_____) _____			
Address: _____ City: _____ Zip: _____			
Physician's Name: : _____ Phone: (_____) _____			
Provide name of medications, if known. _____			

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 done in good faith may expose me to a penalty for perjury and other possible penalties under the 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.

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization page 4

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me **OR**
this _____ day of _____,
by _____ who is
Florida
personally known to me or presented
_____ as identification.

SWORN TO AND SUBSCRIBED before me
this _____ day of _____
clerk of Circuit Court _____ County,
By: _____
Deputy Clerk

Notary Public - State of Florida
My Commission expires: Date _____

A copy of this petition must be attached to an Order for Involuntary Substance Abuse Assessment and Stabilization and accompany the PERSON to a licensed hospital or substance abuse facility that has agreed to accept the PERSON.

TYPE OF MARCHMAN ORDER: _____ CASE NUMBER: _____

PERSON TO BE SERVED: _____

LAST KNOWN LOCATION:

DATE OF BIRTH: _____

SEX: _____

RACE: _____

HEIGHT: _____

WEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

SOCIAL SECURITY NO.: _____

SPECIAL INSTRUCTIONS TO P.C.S.O.: _____

PETITIONER'S MAILING ADDRESS AND PHONE NUMBER:

PETITIONER'S SIGNATURE: _____

**STATE OF FLORIDA
SEVENTH JUDICIAL CIRCUIT
Circuit Court, Putnam County**

PREPPING FOR BAKER/MARCHMAN HEARINGS AND WHAT TO

EXPECT FOR PETITIONERS

CASE # _____

- There are security guards and procedures at the doors of the courthouse and the parking may be difficult. Please budget your time accordingly.
- If Petitioners are not present at the time the case is called the case may be dismissed.
- The way you dress shows respect to the Court
 - o Dress appropriately – suit, dress, skirt and top, pants, pant suits
 - o Avoid, if possible, sporty or casual clothes – jeans, cut offs, torn or revealing clothes, flip-flops, tank-tops, hats, etc.
 - o Advise your witnesses to dress appropriately as well
- Cell phones must be TURNED OFF and PAGERS on VIBRATE before entering the courtroom. Upon going off they may be confiscated by the Court. Advise your witnesses of this rule.
- All hearings are RECORDED – if you need to speak with your attorney please ask them to step outside of the courtroom with you.
- Your children are NOT ALLOWED in the courtroom unless they have been pre-approved by the JUDGE. Children may wait outside the courtroom if accompanied by an adult. IF the children are not witnesses who have been pre-approved to testify, DO NOT BRING THEM TO COURT.
- BRING YOUR WITNESSES AND EVIDENCE TO COURT (pictures, tape recordings, etc.). REMEMBER- this is YOUR petition and this is the time to present YOUR case – If you do not have an attorney representing YOU have the BURDEN of proving YOUR case.
- You should strongly consider hiring an attorney to represent your interest. Time is of the essence when hiring an attorney as some hearings must be within 10-days of filing pursuant to Florida Law.
- Speak audibly and clearly into the microphone when testifying. Remember the Judge is listening, even if he/she is not looking at you. The Judge is ALWAYS called “YOUR HONOR” or “JUDGE”.

- TELL YOUR STORY – Do not assume the Judge is familiar with your case – tell your story slowly and to the point. If multiple incidents have occurred, begin with the most severe or most recent.
- WHEN THE JUDGE IS SPEAKING, PLEASE REFRAIN FROM SPEAKING – If the Judge interrupts you STOP speaking IMMEDIATELY and answer the question directly – Then ask the Judge if you may continue to speak or the Judge may tell you to continue.
- When there is a legal objection, PLEASE STOP SPEAKING IMMEDIATELY, so the Judge can make the appropriate ruling. Please advise your witnesses to do the same.
- DO NOT INTERRUPT the other side when they are speaking – everyone will have ample time and opportunity to present their case before the Court.
- If you have legal representation, please have your attorney speak with the opposing party or the opposing parties’ attorney before your case is called to see if the case can be resolved. If you do not have representation, you may speak with them directly if you want to.

IMPORTANT PHONE NUMBERS

PUTNAM COUNTY CLERK’S OFFICE	386-326-7620
STEWART MARCHMAN (PALATKA)	386-329-3780
PUTNAM COUNTY SHERIFF’S DEPARTMENT	386-329-0800
PALATKA POLICE DEPARTMENT	386-329-0115
CRESENT CITY POLICE DEPARTMENT	386-698-1211
WELAKA POLICE DEPARTMENT	386-467-2303
INTERLACHEN POLICE DEPARTMENT	386-684-2164
STATE ATTORNEY’S OFFICE	386-329-0259

I _____ **ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF “PREPPING FOR BAKER/MARCHMAN HEARINGS AND WHAT TO EXPECT”**

SIGNATURE

DATE

IMPORTANT NOTE ABOUT THE
PETITION FOR INVOLUNTARY TREATMENT (STEP 2)

Please note that the following form, the Petition for Involuntary Treatment, is not initially filed along with the other Marchman forms. It should be completed and filed with the Clerk's Office after an Assessment has taken place and the results of the Assessment have been filed with the Court by the substance abuse facility.

IN RE: _____ Case No: _____
Respondent: _____/

PETITION FOR INVOLUNTARY TREATMENT
By authority of Chapter 397, Florida Statutes

I (We) _____ being duly sworn, hereby state that I(We) have personally observed the behavior of _____, Respondent, and have a good faith reason to believe that said person is substance abuse impaired as defined under Florida Statutes Section 397, and allege:

- 1. Respondent is an adult/ a minor.
- 2. Petitioner alleges that the Respondent meets the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:
(a) Respondent is substance abuse impaired, as evidenced by: _____

_____ **AND** _____

- (b) Because of such impairment the Respondent has lost the power of self-control with respect to substance abuse, as evidenced by: _____

_____ **AND** _____

- (c) _____ Respondent has inflicted or is likely to inflict physical harm on himself or others unless admitted, as evidenced by: _____

_____ **OR,** _____

_____ The Respondent's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the Respondent is incapable of appreciating his/her need for care and making a rational decision regarding his/her need for care, as evidenced by: _____

- 3. Petitioner further alleges: (Petitioner must allege at least one of the following:)
_____ 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 5 days;
_____ Respondent has been subject to involuntary assessment and stabilization pursuant to F.S. 397.6818 within the previous 12 days; or
_____ Respondent has been subject to alternative involuntary admission pursuant to F.S. 397.6822 within the previous 12 days.

4. The respondent is:

; Represented by an attorney:

Name: _____ Phone Number: _____

Address: _____

; Not represented by an attorney.

; Unknown whether Respondent is represented by an attorney.

5. Respondent

; Has assets sufficient to pay attorney fees.

; Does not have assets sufficient to pay attorney fees.

; Unknown whether the Respondent has assets sufficient to pay attorney fees.

6. If an assessment was performed on Respondent by a qualified professional, the findings and recommendations of the assessment are:

; Attached.

; As follows:

I/We hereby petition this Court to enter an Order for Involuntary Treatment of the Respondent. Under penalties of perjury I (we) declare that I (we) have read the foregoing and the facts alleged are true and correct to the best of my (our) knowledge and belief.

Completed this ____ day of _____, _____.

Relationship of Petitioner to Respondent:

; Spouse ; Parent (Minors) ; Guardian ; Legal Guardian(of Minor)

; Relative ; Director of Licensed Service Provider

; Three Adults with Personal Knowledge of Respondent's Impairment and Prior Assessment and Treatment.

Petitioners:

Name: _____ Name: _____ Name: _____

Signature: _____ Signature: _____ Signature: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

PETITION FOR INVOLUNTARY TREATMENT

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was executed before me this _____ day of _____, _____, by _____, who is personally known to me and who has produced _____, as identification and who ; did / ;did not take an oath.

Typed or printed or stamped name of Notary

Signature of Notary

OR

Witness by my hand and seal on the _____ day of _____, _____.
Clerk of Court.

Deputy Clerk

NOTE: All information pertaining to the person is confidential and is protected from disclosure under the authority found in s. 397. 501 (7), Florida Statutes, and 42 Code of Federal Regulations, Part 2.