

MARCHMAN ACT INFORMATION

IMPORTANT NOTICE: THE FOLLOWING INFORMATION APPLIES TO THE STATE OF FLORIDA ONLY.

- **What is a Marchman Act?**

A process established by Florida Statutes by which a person may be admitted for an involuntary evaluation to determine if his or her judgment is impaired due to substance abuse and he or she has, therefore, lost the power of self-control with respect to substance abuse and poses a danger to himself or herself or to another person.

- **How are voluntary and involuntary Marchman Act Admissions different?**

A **voluntary** admission is when a person who wishes to enter treatment for substance abuse applies to a service provider for voluntary admission.

An **involuntary** Baker Act is when there is good faith reason to believe the person is substance abuse impaired and, because of such impairment, has lost the power of self-control with respect to substance use; and either has inflicted attempted or threatened to inflict, or unless admitted, is likely to inflict physical harm on himself/herself or another; or the person's judgment has been so impaired because of substance abuse that he/she is incapable of appreciating the need for substance abuse services and of making a rational decision in regard to substance abuse services.

- **Are there other criteria to know if a Marchman Act is appropriate?**

Yes, there is an additional criterion for a voluntary and involuntary Marchman Act that is not included here. For example, a minor may seek voluntary admission for substance abuse services without parental or guardian consent.

- **Who can file an Involuntary Marchman Act Petition?**

In addition to a law enforcement officer's authority to implement protective custody measures in emergency involuntary situations, a private practitioner, the person's spouse or guardian, any relative of the person, the director of a licensed service provider or the director's designee, or any responsible adult who has personal knowledge of the person's substance abuse impairment, or in the case of a minor, the minor's parent, legal guardian, legal custodian or licensed service provider can file an Involuntary Marchman Act Petition.

- **How do I file an Involuntary Marchman Act Petition?**

If you have personal knowledge of the person's substance abuse impairment and believe that because of the impairment the person has lost the power of self control with respect to substance abuse and you have reason to believe that the person has inflicted or is likely to inflict harm on himself, herself or

other unless admitted or; the person is incapable or appreciating the need for care because of the substance abuse, you may file a Marchman Act Petition.

- **Where do I file a Marchman Act Petition?**

A Marchman Act Petition may be filed during normal business hours in the Clerk's Office located at the Okaloosa County Courthouse Annex Extension, 1940 Lewis Turner Blvd, Fort Walton Beach or the Okaloosa County Courthouse at 101 E. James Lee Blvd., Crestview.

- **What do I need to bring with me?**

You will need to bring some form of identification and an address or location where the person can be located by the sheriff's office.

- **What will happen after I file a Marchman Act Petition?**

After you complete the Marchman Act Petition, the court will review the petition and if the person is represented by an attorney, conduct a hearing within 10 days; or, without the appointment of an attorney and relying solely on the contents of the petition enter an order authorizing the involuntary stabilization and assessment of the person.

- **How long can a person be held on a Marchman Act?**

A person may be detained for involuntary assessment and stabilization for a period not to exceed 5 days.

- **Who can I call for more information?**

For more information, call Clerk's Office (850) 689-5000, ext 3346.

For information where the individual in need resides in another county or state, you should call a Clerk of Court in that county or state.

- **Complete all the paperwork in pen**
- **Do not sign forms (The Clerk will instruct you where to sign)**
- **Do not write on the back of forms**

THE CLERK'S OFFICE CANNOT GIVE YOU ANY LEGAL ADVICE

Where can I look for more information?

Florida Statutes 397.6815(2)

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization

I, _____, being duly sworn, am filing this sworn statement requesting a court order for the
Print Name of Petitioner
involuntary examination 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 one 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, et as
Described: _____

 c. This PERSON has or has not previous or current 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 this 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 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)

CHECK AND/OR ANSWER APPLICABLE SECTIONS

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 appreciated 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):

12. 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:		Age:	
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 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:			
GUARDIANSHIP:			
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 for the appointment of 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: Name:		Phone: (_____) _____	
MEDICATIONS: Provide name of medications if known.			
CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, 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.

Petition and Affidavit Seeking Involuntary Substance Abuse Assessment and Stabilization (Page 4)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me

OR

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, _____

this _____ day of _____, _____

Day Month Year

Day Month Year

by _____ who is personally known
to me or presented _____ as identification.

Clerk of Circuit Court
_____ County, Florida

Notary Public - State of Florida

By: _____
Deputy Clerk

My Commission expires: Date _____

A copy of the petition(s) 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.

Threat to Law Enf: Yes _____ No _____ Guns: Yes _____ No _____ Type _____

**OKALOOSA COUNTY SHERIFF'S OFFICE
SERVICE INFORMATION INJUNCTION FOR EXPARTE ORDER BAKER/MARCHMAN ACT**

The following information is **REQUIRED** to help the Sheriff's Office in serving the **RESPONDENT** as soon as possible. THIS INFORMATION WILL NOT BE PROVIDED TO THE RESPONDENT. (Respondent is the person you are getting the requesting the order for.)

RESPONDENT'S FULL NAME: _____

If the respondent is a minor, enter the minor's name (First, Middle, Last)

CURRENT ADDRESS OR LOCATION: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

DOB: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____ SSN#: _____

EYE COLOR: _____ HAIR COLOR: _____ DISTIQUISHING MARKS: _____

RACE: (Circle One) | WHITE | BLACK | AMERICAN INDIAN | PACIFIC ISLANDER | ASIAN | UNKNOWN

PLACE OF EMPLOYMENT: _____

ADDRESS: _____ WORK DAYS AND HOURS: _____

VEHICLE: MAKE: _____ MODEL: _____ COLOR: _____ TAG#: _____

IS HE/SHE CURRENTLY IN JAIL? NO: _____ YES: _____ IF SO, WHERE? _____

PLEASE LIST ANT OTHER LOCATIONS THE RESPONDENT MAY BE LOCATED. SUGGEST OTHER LOCATIONS SUCH AS RELATIVES, FRIENDS, ADDRESSES, HANGOUTS, ETC.: _____

INFORMATION WHERE THE SHERIFF'S OFFICE CAN REACH YOU

YOUR FULL NAME: _____

If filing on behalf of a minor, enter minor's name (First, Middle, Last)

PLACE OF EMPLOYMENT: _____

SEX: _____ RACE: _____ DOB: _____ SSN#: _____

RELATIONSHIP TO RESPONDENT: _____ (SPOUSE, BROTHER, SISTER, CHILD IN COMMON, ETC.)

YOUR ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMAIL: _____

Revised 08/10/17

ACKNOWLEDGMENT

Authorization of Delivery by E-mail

I have been advised that by providing the designated e-mail address below, I am authorizing the Clerk of Court to e-mail all documents related to this case, including but not limited to the Petition and any such order that is entered.

- OR -

Personal Delivery

I have also been advised that by choosing not to provide an e-mail address, it is my responsibility, should I want to know the outcome or receive a copy of documents related to this case, I must appear in person at the Clerk of Court's Office with a valid I.D. I further understand that the Clerk of Court's Office cannot provide any information regarding this case over the phone.

My designated e-mail address is: _____

My contact phone number is: _____

Printed Name

Signature

Sworn and subscribed before me this _____ day of _____, 20_____.

J.D. PEACOCK II
Clerk of the Circuit Court

By: _____
Deputy Clerk