ADMINISTRATIVE ORDER NO. 2024-07-01

AMENDED ADMINISTRATIVE ORDER GOVERNING MARCHMAN ACT PROCEDURES

Chapter 397, Florida Statutes, commonly referred to as The Hal S. Marchman Alcohol and Other Drug Services Act ("Marchman Act"), authorizes judges to enter orders, ex parte or after notice and a hearing, authorizing the involuntary assessment and stabilization of individuals, and further requires the court to consider Petitions for Involuntary Treatment Services when timely filed. The establishment of procedures and implementation of a uniform petition and uniform orders for Marchman Act proceedings is necessary to ensure the efficient and expeditious processing and resolution of such actions.

By the power vested in the chief judge under Article V, section 2(d) of the Florida Constitution, section 43.26, Florida Statutes, and Rule 2.215 of the Florida Rules of General Practice and Judicial Administration, effective **immediately**, unless otherwise provided herein, to continue until further order and superseding any provisions in prior Administrative Orders that may be inconsistent, it is **ORDERED**:

(A) Upon the filing of a Petition for Involuntary Treatment Services for a substance abuse impaired person, the Clerk of the Court shall forward the court records to the assigned division judge. Any self-represented party filing a Petition for Involuntary Treatment Services for a substance abuse impaired person shall utilize the standard Petition attached hereto as Attachment "A".

(B) Upon receipt of a Petition for Involuntary Treatment Services, the assigned division judge shall either:

(1) Issue an order and summons for the Respondent to appear for a hearing to be held within ten (10) court working days from the date the Petition is filed, unless a continuance is granted. The judge shall utilize the order attached hereto as Attachment "B". The hearing may be referred to a general magistrate as provided by law. The judge shall also determine whether the Respondent is represented by counsel and, if appropriate based on the contents of the Petition, enter an order provisionally appointing the Office of Criminal Conflict and Civil Regional Counsel to represent the Respondent until a determination of indigency is completed; or

(2) Enter an order denying the Petition for Involuntary Treatment Services if the judge determines the allegations do not reasonably meet the criteria for involuntary admission (or none of the provisions of section 397.68111(2)-(4), Florida Statutes, have been met), or that the Petition was not executed by the appropriate individual. In this case, the judge shall utilize the order attached hereto as Attachment "C".

(C) If an order and summons is issued pursuant to (B)(1), the judge shall transmit the order and summons to the Clerk of the Court who shall furnish a copy of the Petition, order and summons, and any other document related to the Petition for Involuntary Treatment Services to the Sheriff of the county in which the Respondent resides or can be found, who shall effect service upon the Respondent as soon thereafter as possible on any day of the week and at any time of the day or night. The Clerk of Court shall also furnish to the Sheriff such information on the Respondent's physical description and location. If the Petitioner is represented by counsel, the judge shall, in addition to transmitting the order to the Clerk for filing and docketing, transmit the order to counsel for the Petitioner who may utilize a private certified process server in lieu of the Sheriff. The Sheriff, or counsel for Petitioner, as appropriate, shall file with the court a return indicating service or non-service.

(D) Upon receipt of a Petition for Involuntary Treatment Services, the assigned division judge may also, consistent with the requirements of section 397.68141 and 397.6818, Florida Statutes, either:

(1) Enter an ex parte order authorizing the involuntary assessment and/or stabilization of the Respondent, and order and summons to appear at the hearing on the Petition for Involuntary Treatment Services if it is determined the allegations are legally sufficient to warrant ex parte relief. In this case, the assigned judge shall utilize the order attached hereto as Attachment "D" and shall enter, if appropriate, an order appointing counsel; or

(2) Enter an order denying a request for involuntary assessment and stabilization if the judge determines the allegations do not demonstrate that exigent and/or emergency circumstances exist and/or an assessment has already been completed in the previous 30 days. In this case, the judge shall utilize the order attached hereto as Attachment "E".

(E) If an ex parte order granting the involuntary assessment and stabilization of a Respondent is entered pursuant to (D)(1), the judge shall transmit the order to the Clerk of the Court who shall furnish a copy of the Petition, ex parte order, order and summons to appear, and any other document related to the action to the Sheriff of the county in which the Respondent resides or can be found, who shall effect service upon the respondent as soon thereafter as possible on any day of the week and at any time of the day or night. The Clerk of the Court shall also furnish to the Sheriff such information on the respondent's physical description and location. The Sheriff shall file with the court a return indicating service or non-service, as appropriate.

(F) If an order denying ex parte relief is entered pursuant to (D)(2), the judge shall transmit the order to the Clerk of the Court who shall furnish a copy of the order denying ex parte relief to the Sheriff to be included with the documents to be served by the Sheriff pursuant to (C).

(G) If an ex parte order authorizing the involuntary assessment and stabilization of the Respondent is entered, a licensed service provider shall conduct an assessment and stabilization of any individual involuntarily admitted pursuant to the Marchman Act within 72 hours of such person's admission to such facility. If such provider is unable to conduct an assessment within 72 hours of the person's admission, the provider may file a written request for an extension of time to complete the assessment. Such request for extension of time shall be furnished to all parties,

and a courtesy copy delivered to the assigned division judge. Upon receipt of such filing, the assigned judge may, after hearing, grant additional time not to exceed the time period within which the Petition for Involuntary Treatment Services has been scheduled for hearing. The licensed service provider shall file with the Clerk of the Court no later than the ordinary close of business on the day before the hearing on the Petition for Involuntary Treatment Services, the Respondent's clinical assessment, which shall satisfy the provisions of section 397.6758, Florida Statutes if it contains the Respondent's admission and discharge information.

The uniform Petition and Orders attached to this Administrative Order may be amended from time to time without further amendment of this Administrative Order.

Administrative Order 2024-07 is vacated and set aside except to the extent that it has been incorporated and/or amended herein. Vacating an Administrative Order that vacates a prior Order does not revive the prior Order.

DONE AND ORDERED at Orlando, Florida, this 4th day of February, 2025.

Lisa T. Munyon Chief Judge

Copies provided to:

Clerk of Court, Orange County Clerk of Court, Osceola County General E-Mail Distribution List <u>http://www.ninthcircuit.org</u>

Attachment "A"

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR ORANGE/OSCEOLA COUNTY FLORIDA

IN RE: _____ CASE NO.: _____

PETITION FOR INVOLUNTARY TREATMENT SERVICES AND EMERGENCY EX PARTE PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION

I,		under	the	Penalt	y of Perju	ry, H	EREBY	
Name of Petitioner				-	· ·	•		
SWEAR/AFFIRM that I am the	e			of				
	Relationship t	o Respo	onde	nt	Nar	ne of R	Respondent	
who is years old, and the H	Respondent ca	n be l	ocat	ted at _		mary A	Address	
or	,	and	Ι	have	known	the	Respondent	for
Secondary Address							-	
, and have	observed the I	Respor	nder	nt's beh	avior and	condu	ict and have rea	ason
Months/Years		-						

to believe that the Respondent is substance abuse impaired.

(CHECK IF APPROPRIATE) I believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse.

(CHECK IF APPROPRIATE) I believe that the Respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless the court orders the involuntary services.

(CHECK IF APPROPRIATE) I believe 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 or her need for care and of making a rational decision regarding that need for care. (Note: A mere refusal to receive services is not enough to constitute a lack of judgment.)

Explain by listing observations and other knowledge to support this (these) allegation(s):

This Petition may be accompanied by a certificate or report of a qualified professional who has examined the Respondent within the last thirty (30) days.

The certificate or report <u>must</u> include the qualified professional's findings regarding the Respondent's assessment and treatment recommendations.

If the Respondent was not assessed before the filing of a treatment petition or refused to submit to an evaluation, the lack of assessment or refusal must be noted in the petition.

Has the Respondent been assessed within the last thirty (30) days? (Circle answer) YES / NO.

If YES, attach a copy of the certificate or report, which must include the qualified professional's findings relating to the assessment of the Respondent and treatment recommendations.

If NO, the Respondent has not been assessed within thirty (30) days of the filing of the present treatment petition or refused to submit to an evaluation, explain why:

Is the Petitioner requesting an Emergency Ex Parte Order for Involuntary Assessment and Stabilization? ("Ex parte" is when the Court is asked to decide a legal question without the input of all parties in the case.) (Circle one) YES / NO

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•		-	nt? (Circle one) YES / NO elephone number of the attorney.
If NO, an attorne	ey will be appo	pinted to represent th	e Respondent.
Respondent's Ide	entifying Featu	ures:	
RACE:	SEX:	HEIGHT:	WEIGHT:
HAIR COLOR: _	EY	YE COLOR:	DOB:
-	0	d for any medical or	psychological conditions? dent's physician(s):
allegations to law	enforcement	involving the Respon	led civil complaints or made criminal ident (to include accusations of glary or Trespassing, or Baker Act
(Circle one) YES/	NO:		
If YES, list the dat	tes and charges	S:	

Has the Respondent or family members previously filed civil complaints or made criminal allegations to law enforcement involving the Respondent (to include accusations of Domestic Violence, Child Abuse, Child Neglect, Burglary or Trespassing, or Baker Act proceedings)?

(Circle one) YES/ NO:

If YES, list the dates and charges:

Has the Respondent been involved in criminal or juvenile delinquency charges other than involving the Petitioner or a family member? (Circle One) Yes/ No

If Yes, list jurisdiction(s) and date(s):

Has the Respondent ever been physically or emotionally abused or suffered psychological or physical trauma? (Circle One) YES / NO

Is the Respondent or has the Respondent been a member of Law Enforcement (in any capacity), Emergency Medical personnel, or the United States Military (including Coast Guard)?

(Circle One) YES / NO

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List of Institutions and dates served:

Please list all prior Marchman Act cases and hearings, if any. Please list the case numbers, locations of the hearings (county/state), dates, and results of the hearings.

Has the Respondent been declared incompetent? (Circle One) YES / NO

If Yes, list jurisdiction(s) and date(s):

Is the Respondent violent now? (Circle one) YES/ NO.

Does the Respondent possess or have access to ANY weapons? (Circle one) YES/ NO.

Does the Respondent have a history of violence (not explained above)? (Circle one) YES/ NO.

If Yes, List Jurisdiction(s) and Date(s):

Does the Respondent need an interpreter? (Circle one) YES/ NO.

If Yes, what language? _____

Petitioner's name, address, and phone number are:

Respondent's Spouse or Legal Guardian's name, address and phone number:

Respondent's Parent or Legal Guardian (if a juvenile) name, address and phone number:

Respondent's name,	current address.	last known	location(s), and	d phone number:
respondent s name,	, carrent address,	iast into with	100 anon(5), an	

I HEREBY SWEAR/AFFIRM THAT THE FOREGOING IS TRUE AND CORRECT.

Petitioner	
Printed Name	
STATE OF COUNTY OF	
Sworn to (or Affirmed) and Subscribed Before Me By	
Means of Physical Presence or Online Notarization this, 202, by	day
, Who	
□ Is Personally Known to Me or □ Produced Identification. Type of Identification Produced:	
Signature of Notary Public	

Printed Name of Notary Public Administering Oath Pursuant to §117.03, Florida Statutes

of

Attachment "B"

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR ______ COUNTY, FLORIDA

IN RE: ____

Respondent.

CASE NUMBER: DIVISION:

ORDER AND SUMMONS TO APPEAR AT HEARING ON PETITION FOR INVOLUNTARY TREATMENT SERVICES

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Treatment Services of the above-named Respondent. The Court, having reviewed the Petition and applicable law, and being otherwise duly advised in the premises, finds as follows:

1. The Respondent either:

(a) reasonably appears to meet the criteria for involuntary admission as provided in section 397.675, Florida Statutes;

(b) has been placed under protective custody pursuant to section 397.677, Florida Statutes, within the previous 10 days;

(c) has been subject to an emergency admission pursuant to section 397.679, Florida Statutes, within the previous 10 days; or

(d) has been assessed by a qualified professional within the past thirty (30) days or has been ordered to undergo an involuntary assessment and stabilization pursuant to sections 397.68141(5) and 397.6818(1), Florida Statutes, by order of this Court.

2. The petition was executed by the Respondent's spouse or legal guardian, relative, a service provider, or an adult with direct personal knowledge of the Respondent's substance abuse impairment and his or her prior course of assessment and treatment.

Accordingly, it is hereby:

ORDERED that a hearing on the Petition for Involuntary Treatment Services, and specifically on the issue of whether the Respondent should be court-ordered to undergo involuntary substance abuse treatment and services, shall be heard before ______, on _____, 20____, at _____a.m./p.m. in Courtroom _____, ____ County Courthouse, _____, ____, Florida ______. The Respondent shall be summoned to appear and is hereby **ORDERED TO APPEAR** at said hearing.

IT IS FURTHER ORDERED that the Office of Criminal Conflict and Civil Regional Counsel \Box is or \Box is not provisionally appointed as counsel for Respondent at all subsequent hearings as to involuntary treatment services, \Box until a determination of indigency is completed, or \Box Respondent is not indigent.

The Clerk of the Court shall electronically transmit a copy of this Order to the Office of Criminal Conflict and Civil Regional Counsel, if provisionally appointed.

IT IS FURTHER ORDERED that a copy of the Petition and this Order shall be provided to the Petitioner, counsel for Petitioner, if applicable, Respondent, and counsel for Respondent.

The Clerk of the Court shall furnish a copy of the Petition, this Order and Summons, and any other document related to the Petition to the Sheriff of ______ County, or any other authorized law enforcement officer or certified process server, who shall effect service upon the Respondent as soon thereafter as possible on any day of the week and at any time of the day or night (unless Petitioner is represented by counsel and said counsel has indicated they will utilize a private certified process server in lieu of the Sheriff). The Clerk of the Court shall also furnish to the Sheriff such information, on an attached document of not included in the above caption of this Order, on the Respondent's physical description and location. The Sheriff, certified process server, or counsel for Petitioner, as appropriate, shall file with the Court, a return indicating service or non-service.

DONE AND ORDERED at	County, Florida, this day of
, 202	

Circuit Judge

Copies to: Petitioner Respondent OCCCRC _____ County Sheriff's Office

Orange County:

Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Osceola County:

Court Administration, Osceola County

Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, Florida 34741, (407) 742-2417, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

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Attachment "C"

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR ______ COUNTY, FLORIDA

IN RE: _____

Respondent.

CASE NUMBER: DIVISION:

ORDER DENYING PETITION FOR INVOLUNTARY TREATMENT SERVICES

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Treatment Services regarding the above-named Respondent. The Court, having reviewed the Petition and applicable law, and being otherwise duly advised in the premises, finds as follows:

- 1. A Petition seeking involuntary substance abuse treatment services regarding the abovenamed Respondent has been filed with the _____ Clerk of Courts, which is the county where the Respondent is located.
- 2. Based solely upon the contents of the Petition, a summons and order to appear at hearing should be not entered because:
 - \square The Petition \square is \square is not sworn or verified.
 - □ The Petition does not demonstrate that Respondent:
 - (a) reasonably appears to meet the criteria for involuntary admission as provided in section 397.675, Florida Statutes;
 - (b) has been placed under protective custody pursuant to section 397.677, Florida Statutes, within the previous 10 days;
 - (c) has been subject to an emergency admission pursuant to section 397.679, Florida Statutes, within the previous 10 days; or
 - (d) has been assessed by a qualified professional within the past thirty (30) days.
 - □ The Petition is not shown to have been executed by a relative, guardian, legal custodian of a minor, private practitioner (as defined in section 397.311, Florida Statutes), the director of a licensed service provider or the director's designee, or an adult who has direct personal knowledge of the respondent's substance abuse impairment.

3. Other: _____

Accordingly, it is hereby **ORDERED** that the Petition for Involuntary Treatment Services is **DENIED**.

DONE AND ORDERED at _____County, Florida, this __ day of _____, 202__.

Circuit Judge

Copies to:

Petitioner Respondent

Attachment "D"

DOB:	
Height:	
Hair Color:	
Gender:	

Race:	
Weight:	
Eye Color:	

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR ______ COUNTY, FLORIDA

IN RE: _____

Respondent.

CASE NUMBER: DIVISION:

EX PARTE ORDER FOR INVOLUNTARY ASSESSMENT AND/OR STABILIZATION AND ORDER AND SUMMONS TO APPEAR AT HEARING ON PETITION FOR INVOLUNTARY TREATMENT SERVICES

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Treatment Services, pursuant to sections 397.68111, 397.68141 and 397.68151, Florida Statutes. The court, having reviewed the petition and applicable law, and being otherwise duly advised in the premises, determines as follows:

- 1. A Petition seeking involuntary treatment services for the above-named Respondent has been filed with the _____ County Clerk of Courts, which is the county where the Respondent is located. The Petition is sworn or verified.
- 2. The petition was executed by the Respondent's spouse or legal guardian, relative, a private practitioner (as defined in section 397.311, Florida Statutes), the director of a licensed service provider or the director's designee, or an adult who has direct personal knowledge of the respondent's substance abuse impairment.
- 3. Based solely upon the contents of the Petition, there is good faith reason to believe that the Respondent is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder has lost the power of self-control with respect to substance abuse, and either:
 - □ Is in need of substance abuse services and, by reason of substance abuse impairment, 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 in that regard; or
 - □ Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through

the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

Accordingly, it is hereby:

ORDERED based solely upon the contents of the Petition that an ex parte Order for Involuntary Assessment and/or Stabilization is **GRANTED** as set forth herein. Based solely on the contents of the Petition, the Office of Criminal Conflict and Civil Regional Counsel is provisionally appointed as counsel for Respondent until a determination of indigency is completed. The Clerk of the Court shall electronically transmit a copy of this Order to the Office of Criminal Conflict and Civil Regional Counsel.

IT IS FURTHER ORDERED, based upon the allegations in the Petition, pursuant to section 397.501(7), Florida Statutes, and applicable federal law and regulations, including 42 U.S.C. §290dd-2(a) and 42 C.F.R. §2.64, good cause exists for disclosure by the below-named service provider regarding the identity, diagnosis, prognosis, and treatment of the Respondent in this case. Any objection to the disclosure by the Respondent, service provider, or other interested party(ies) shall be made in writing prior to any subsequent hearings in this matter, if any. If no objections are made, the disclosure may occur at the subsequent hearing(s).

IT IS FURTHER ORDERED that a law enforcement officer, or designated agent of the Court take the above-named person into custody and deliver or arrange for the delivery of _(clerk to enter the name of the said person to _ licensed service provider), or, if for reasons provided in section 397.6751, Florida Statutes, the treatment provider cannot admit the client to the facility, then to the nearest appropriate licensed receiving facility, for the purpose of assessment and stabilization pursuant to the provisions of Chapter 397, Florida Statutes. The above-named Respondent may be detained at said facility for no more than 72 hours unless the Court has entered an order pursuant to section 397.6818(3)(a), or the provisions of section 397.6818(3)(b) or (3)(c) apply. Said law enforcement officer or agent may serve and execute this Order on any day of the week, at any time of the day or night, and may use such reasonable physical force as may be necessary to gain entry to the premises, and any dwellings, buildings, or other structures located on the premises, and to take custody of the above-named Respondent. This Order is valid for 10 days after the date the order was signed. If the above-named person is already in custody or taken into custody for a matter other than this order, Corrections shall treat this Order as a hold for the balance of the 10 days so that if the person is released from custody before the expiration of the 10 days the person will be transported as Ordered.

IT IS FURTHER ORDERED that a hearing on the Petition for Involuntary Treatment Services, and specifically on the issue of whether the Respondent should be court-ordered to Page 2 of 4

undergo involuntary substance abuse treatment and services, shall be heard before ______, on_____, 20____, at _____a.m./p.m. in Courtroom _____, ____ County Courthouse, ______, ____, ____, Florida _____. The Respondent shall be summoned to appear and is hereby **ORDERED TO APPEAR** at said hearing.

IT IS FURTHER ORDERED that the Office of Criminal Conflict and Civil Regional Counsel \Box is or \Box is not provisionally appointed as counsel for Respondent at all subsequent hearings as to involuntary treatment services, \Box until a determination of indigency is completed, or \Box Respondent is not indigent.

The Clerk of the Court shall electronically transmit a copy of this Order to the Office of Criminal Conflict and Civil Regional Counsel, if provisionally appointed.

IT IS FURTHER ORDERED that a copy of the Petition and this Order shall be provided to the Petitioner, counsel for Petitioner, if applicable, Respondent, and counsel for Respondent.

The Clerk of the Court shall furnish a copy of the Petition, this Order and Summons, and any other document related to the Petition to the Sheriff of ______ County, or any other authorized law enforcement officer or certified process server, who shall effect service upon the Respondent as soon thereafter as possible on any day of the week and at any time of the day or night (unless Petitioner is represented by counsel and said counsel has indicated they will utilize a private certified process server in lieu of the Sheriff). The Clerk of the Court shall also furnish to the Sheriff such information, on an attached document of not included in the above caption of this Order, on the Respondent's physical description and location. The Sheriff, certified process server, or counsel for Petitioner, as appropriate, shall file with the Court, a return indicating service or non-service.

DONE AND ORDERED at	County, Florida, this da	y of
, 202		

Circuit Judge

Copies to:	
Petitioner	
Respondent	
OCCCRC	
(County Sheriff's Office

Orange County:

Human Resources, Orange County Courthouse, 425 N. Orange Avenue, Suite 510, Orlando, Florida, (407) 836-2303, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Osceola County:

Court Administration, Osceola County, Courthouse, 2 Courthouse Square, Suite 6300, Kissimmee, Florida 34741, (407) 742-2417, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.

Attachment "E"

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT IN AND FOR ______ COUNTY, FLORIDA

IN RE: _____

Respondent.

CASE NUMBER: DIVISION:

EX PARTE ORDER DENYING REQUEST FOR EMERGENCY FOR INVOLUNTARY ASSESSMENT AND/OR STABILIZATION

THIS CAUSE is before the court upon Petitioner's Petition for Involuntary Treatment Services regarding the above-named Respondent. The Court, having reviewed the Petition and applicable law, and being otherwise duly advised in the premises, finds as follows:

- 1. A Petition seeking involuntary substance abuse treatment services regarding the abovenamed Respondent has been filed with the ______ Clerk of Courts, which is the county where the Respondent is located, and a request for involuntary assessment and/or stabilization of the Respondent has been made.
- 2. Based solely upon the contents of the Petition, an ex parte order directing the Respondent into custody and to be delivered to the appropriate licensed service provider for an involuntary assessment and/or stabilization should not be entered because:

The Petition does not demonstrate that exigent and/or emergency circumstances exist.

The Respondent has already been subject to an assessment within the previous 30 days.

3. Other: _____

Accordingly, it is hereby:

ORDERED that Petitioner's request for an order authorizing the involuntary assessment and/or stabilization of the above-named respondent pursuant to Chapter 397, Florida Statutes, is **DENIED**.

DONE AND ORDERED at _____ County, Florida, this ____ day of ____, 202__.

Circuit Judge

Copies to: Petitioner Respondent OCCCRC