

IN THE CIRCUIT COURT OF THE
EIGHTEENTH JUDICIAL CIRCUIT

ADMINISTRATIVE ORDER NO:
24-47

IN RE: MENTAL HEALTH - 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, treatment 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, copy (CC) 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 stabilization of the Respondent if it is determined the allegations demonstrate that exigent and/or emergency circumstances exist and is 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, 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 review, 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 the Respondent's clinical assessment with the Clerk of the Court and shall also provide it to the Petitioner, the Respondent, and any counsel no later than the ordinary close of business the day before the hearing on the Petition for Involuntary Treatment Services, which shall satisfy the provisions of section 397.6758, Florida Statutes if it contains the Respondent's admission and discharge information. In addition, the Clerk of the Court shall provide the Respondent's clinical assessment to the Petitioner, Respondent, and any counsel representing parties in the matter.

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

DONE AND ORDERED this 10th day of December, 2024.

CHARLIE CRAWFORD
CHARLIE CRAWFORD
CHIEF JUDGE

Distribution:
All Circuit and County Judges (Brevard and Seminole County)
Court Administration (Brevard & Seminole County)
Clerk of Court (Brevard & Seminole County)
State Attorney (Brevard & Seminole County)
Public Defender (Brevard & Seminole County)
Sheriff (Brevard & Seminole County)
Bar Association (Brevard & Seminole County)
Law Library (Brevard & Seminole County)
Office of Criminal Conflict and Civil Regional Counsel

“Attachment A”

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

IN RE:

CASE NO: _____

(Respondent)

PETITION FOR INVOLUNTARY TREATMENT

By authority of Chapter 397, Florida Statutes

I _____, being duly sworn, hereby state that I 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 or a Minor

2. Petitioner’s relationship to the Respondent is:

 Spouse Parent (MINOR)
 Guardian Legal Guardian (of minor)
 Relative Director of Licensed Service Provider
 An adult who has direct personal knowledge of the Respondent’s substance abuse impairment and his/her prior course of assessment and treatment.

3. Petitioner alleges in good faith that the Respondent reasonably appears to meet the criteria for involuntary admission as provided in Florida Statutes Section 397.675 in that:

(a) Describe the reasons why the Petitioner believes that the Respondent is substance abuse impaired:

(b) Describe the reasons why because of their impairment the Respondent has lost the power of self-control with respect to substance abuse.

AND

- (c) If you believe the Respondent has already inflicted physical harm on him/herself or others **OR** there is a substantial likelihood that the Respondent will inflict physical harm on him/herself or others, describe in detail why you believe there is a risk of harm (or what harm has already occurred).

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 or her need for care and of making a rational decision regarding that need for care.

If you believe the Respondent's judgment is so impaired due to substance abuse, provide examples to show how the Respondent cannot appreciate his or her need for care.

4. 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 *must* 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:

5. Are you requesting an ex parte assessment and stabilization order be entered due to an emergency?

Yes

No

If yes, please describe in detail the Respondent's emergency circumstances. Include the reasons why the court should enter an order requiring the Respondent be taken into custody and delivered to the nearest appropriate licensed provider for an evaluation.

Does an attorney presently represent the Respondent? (Circle one) YES / NO

If YES, please provide the full name, address, and telephone number of the attorney.

If NO, an attorney will be appointed to represent the Respondent.

DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY OR DEPUTY CLERK

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 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.

Signature of Petitioner: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

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

Signature of Petitioner

Printed Name

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or Affirmed) and Subscribed Before Me this _____ day of _____, 20__.

by _____, Who Is Personally Known to Me or Produced
Identification or Is Physical Presence or Online Notarization

Type of Identification Produced: _____

Signature of Notary Public

_____ Printed Name of Notary Public

Administering Oath Pursuant to §117.03, Florida Statute

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**PROVIDE THE FOLLOWING IDENTIFYING INFORMATION ABOUT THE RESPONDENT:
(NOT REQUIRED AS PART OF PETITION)**

County of Residence: _____ Date of Birth: _____ Age: _____

Race: _____ Sex: _____ SS#: _____

Attach a picture of the Respondent if possible. Picture attached: YES NO

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

1. Does Respondent have access to any weapons: YES NO UNKNOWN
If yes, please describe: _____

2. Is the Respondent violent now? YES NO UNKNOWN
If yes, please describe: _____

3. Has the Respondent been violent toward anyone, including law enforcement, in the recent past?
YES NO UNKNOWN
If yes, please describe: _____

WHERE IS THE RESPONDENT EMPLOYED? (*If applicable*)

(Name of Company and Address)

IF THE SUBJECT IS OVER 18, HAS THE SUBJECT EVER BEEN DECLARED INCOMPETENT?

[] YES [] NO If yes, Guardian's Name _____
(Guardian's Full Mailing Address and Phone Number)

DOES THE RESPONDENT HAVE ANY CRIMINAL CHARGES PENDING? YES NO
UNSURE

IS THE SUBJECT CURRENTLY INCARCERATED..... YES NO
UNSURE

IS THE SUBJECT CURRENTLY ON PROBATION? YES NO
UNSURE

IS THERE ANY PENDING DOMESTIC VIOLENCE CASE? YES NO
UNSURE

IS THERE ANY PENDING BAKER ACT CASE? YES NO
UNSURE

IS THERE ANY PENDING DEPENDENCY CASE? YES NO UNSURE

IS THIS PERSON A VETERAN..... YES
NO UNSURE

DOES THE RESPONDENT REQUIRE AN INTERPRETER? IF SO, WHAT LANGUAGE?

IF YOU HAVE ANSWERED “YES” TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW

“Attachment B”

CIRCUIT COURT OF THE EIGHTEENTH 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, finds as follows:

1. The Respondent either:
 - reasonably appears to meet the criteria for involuntary admission as provided in §397.675, Florida Statutes;
 - been placed under protective custody pursuant to section 397.677, Florida Statutes, within the previous 10 days;
 - been subject to an emergency admission pursuant to section 397.679, Florida Statutes, within the previous 10 days; or
 - 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 §397.68141(5) and §397.6818(1), Florida Statutes, by order of this Court.

2. The petition was executed by the Respondent’s
 - spouse
 - legal guardian
 - relative
 - 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, 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 is or is not provisionally appointed as counsel for Respondent at all subsequent hearings as to involuntary treatment services, until a determination of indigency is completed, or 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 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 _____, 20__.

Circuit Judge

Copies to:
Petitioner
Respondent
Office of Criminal Conflict and Civil Regional Counsel
_____ County Sheriff's Office

Brevard County: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. If you require assistance, please contact:

ADA Coordinator at Brevard Court Administration
2825 Judge Fran Jamieson Way, 3rd floor
Viera, Florida, 32940-8006
(321) 633-2171 ext. 3

NOTE: You must contact coordinator 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 in Brevard County, call 711.

- [Download the Brevard ADA Accommodation Request Form](#)
- [Request Accommodation Using Our Online Form](#)
- [Download the ADA Grievance Procedure](#)
- [Download the ADA Grievance Complaint Form](#)

Seminole County: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. If you require assistance please contact:

ADA Coordinator at Seminole Court Administration
301 N. Park Avenue, Suite N301

Sanford, Florida, 32771-1292
(407) 665-4227

NOTE: You must contact coordinator 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 in Seminole County, call 711.

- [Download the Seminole ADA Accommodation Request Form](#)
- [Request Accommodation Using Our Online Form](#)
- [Download the ADA Grievance Procedure](#)
- [Download the ADA Grievance Complaint Form](#)

“Attachment C”
IN THE CIRCUIT COURT OF THE EIGHTEENTH 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 above- named 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:
 - The Petition is not sworn or verified. **OR**
 - The Petition does not demonstrate that Respondent:
 - (a) reasonably appears to meet the criteria for involuntary admission as provided in §397.675, Florida Statutes;
 - (b) has been placed under protective custody pursuant to §397.677, Florida Statutes, within the previous 10 days;
 - (c) has been subject to an emergency admission pursuant to §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**

The Petition is not shown to have been executed by one of the following: 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.

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

DONE AND ORDERED at _____ County, Florida, this ____ day of _____, 20__.

Circuit Judge

Copies to:

Petitioner
Respondent

“Attachment D”
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN AND
FOR _____ COUNTY, FLORIDA

IN RE: _____,
Respondent.

CASE NUMBER:
DIVISION:

_____ /

EX PARTE ORDER FOR INVOLUNTARY ASSESSMENT AND/OR STABILIZATION

THIS CAUSE is before the court upon Petitioner’s Petition for Involuntary Treatment Services, pursuant to §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, in the 18th Judicial Circuit. The Petition is sworn or verified.

2. The Petition was executed by the Respondent’s

- spouse
- legal guardian
- relative
- private practitioner (as defined in §397.311, Florida Statutes)
- the director of a licensed service provider
- the director’s designee or
- an adult who has direct personal knowledge of the respondent’s substance abuse impairment.

3. The Court finds that the Petition demonstrates that an exigent or emergency circumstance exists 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 §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 the Sheriff of _____ County shall take the above-named Respondent into custody and deliver or arrange for the delivery of such person to

_____ (name of licensed service provider), or, if for reasons provided in §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 §397.6818(3)(a), or the provisions of §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.

DONE AND ORDERED at _____ County, Florida, this ____ day of _____, 20__.

Circuit Judge

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

“Attachment E”

IN THE CIRCUIT COURT OF THE EIGHTEENTH 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 above- named 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.

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 _____, 20__.

Circuit Judge

Copies to:
Petitioner:
Respondent: