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.

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

|  |  |
| --- | --- |
|  |  |

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 |
| Patient |  | am  pm |  |
| Guardian |  | am  pm |  |
| Regional Counsel |  | am  pm |  |
| Private Attorney |  | am  pm |  |