

Want to learn more? Attend one of our free online Self Service Center DIY Workshops. Topic varies from month to month. Visit [www.mypalmbeachclerk.com](http://www.mypalmbeachclerk.com) for more information.

# Joseph Abruzzo

## Clerk of The Circuit Court & Comptroller

### Self Service Center

### Your Guide Through The Courts



**Packet #57**

Revised 8/2024

## The Marchman Act

File completed forms in room: 3.22 (Main Branch)



## Self Service Center Services

All instructions and forms distributed by the Clerk of the Circuit Court & Comptroller are provided as a public service to persons seeking to represent themselves in court without the assistance of an attorney. These documents are meant to serve as a guide only, and to assist pro se (self-represented) litigants with their cases. Any person using these instructions and/or forms does so at his or her own risk, and the Clerk shall not be responsible for any losses incurred by any person in reliance on the instructions and/or forms.

Below are a few of the services available at the Self-Service Center:

**(Please review current pricing as fees are subject to change without notice)**

Navigator Appointments (for document preparation assistance) Free

**Navigators do not provide legal advice but will assist you in completing the forms and provide you with procedural information.**

Community Resource Referral- pamphlets	Free
Photocopies prior to filing	\$.15/page
Photocopies after filing	\$1.00/page
Deputy Clerk signing	\$3.50/signature
Notary signing	\$10.00/signature
Single forms	\$1.00/page

For more information, please go to [www.mypalmbeachclerk.com](http://www.mypalmbeachclerk.com), email us at [Selfservice@mypalmbeachclerk.com](mailto:Selfservice@mypalmbeachclerk.com), or visit one of the following locations:

Palm Beach County Courthouse  
205 N. Dixie Highway, Rm #1.25  
West Palm Beach, Florida 33401  
Self Service line: 561-355-7048

North County Courthouse  
3188 PGA Blvd  
Palm Beach Gardens, Florida 33410  
561-624-6650

Royal Palm Beach Branch  
200 Civic Center Way Ste 400  
Royal Palm Beach, Florida 33411  
561-784-1271

South County Courthouse  
200 W. Atlantic Ave.  
Delray Beach, Florida 33444  
561-274-1588

West County Courthouse  
2950 State Road 15, Rm. #S-100  
Belle Glade, Florida 33430  
561-996-4843

### Additional Legal Resources:

Florida Rural Legal  
Services  
[www.frls.org](http://www.frls.org)  
561-820-8902

Legal Aid Society of  
Palm Beach County  
[www.legalaidpbc.org](http://www.legalaidpbc.org)  
561-655-8944

Lawyer Referral  
Service  
[www.palmbeachbar.org](http://www.palmbeachbar.org)  
561-687-3266 (to hire a  
lawyer to represent you  
in court or give you  
legal advice)

Palm Beach County  
Law Library  
<https://www.15thcircuit.com/services/law-library>  
561-355-2928

**Instructions for Requesting Involuntary Services**  
**(The following is for informational purposes only and does not constitute legal advice)**

The Hal S. Marchman Act, Florida Statute 397.01 et seq. (1993), was enacted by the Florida Legislature to address issues of substance and alcohol abuse. The Marchman Act supports substance abuse prevention, detoxification, and treatment services to assist individuals at risk for or affected by substance abuse.

1. The Petitioner must complete all parts of the PETITION AND AFFIDAVIT FOR INVOLUNTARY TREATMENT SERVICES and file it with the Palm Beach County Clerk of Court. Please provide detailed, factual allegations based on first-hand knowledge (your own observations of the Respondent's behavior and statements). The Petition must be legible. You must swear that all the information provided is true and correct. Thus, **do not sign the Petition until you are in the presence of a notary or Deputy Clerk.**

a. **Petition filed with an Assessment:** The Petition may be filed with a substance abuse assessment, a report, or certificate by a qualified professional that was conducted within 30 days before filing. A hearing will be scheduled within 10 court working days of the filing of the Petition. If in possession of the assessment, it should be filed with the Petition. If not in possession of the assessment at the time of filing the Petition, the Petitioner must make sure the assessment is filed with the court **no later than** the ordinary close of business on the day prior to the scheduled hearing.

b. **Petition filed without an Assessment:** If no assessment was done by a qualified professional prior to filing the Petition, the lack of an assessment or refusal must be noted in the Petition. A hearing will be scheduled within 10 court working days of the filing of the Petition. The Petitioner may request an order for assessment and stabilization at the hearing or, if an emergency exists, the Petitioner may request in the petition that an emergency order for assessment and stabilization be executed without a hearing.

2. The Petitioner may wish to find an approved licensed service provider to conduct a clinical assessment that complies with Florida Statute section 397.6957 or to provide appropriate treatment. The Petitioner must confirm with the facility the date and time that it is willing to receive the Respondent for assessment or treatment and must arrange for payment. The cost of treatment is not paid for by the Court.

**TO FIND A FACILITY:** A treatment locator is available on the Substance Abuse and Mental Health Services Administration (SAMHSA) website at <https://findtreatment.gov>. Petitioner must contact the facility and confirm it is a Marchman receiving facility.

3. The Petitioner and Respondent have the responsibility of attending all court hearings related to the Petition unless excused by the Judge. At the hearing, the Petitioner has the burden of proof. Each party is responsible for presenting evidence, including documents, witnesses, and expert witnesses. **The Petitioner is not entitled to a court-appointed attorney.**

## ✓ FORMS CHECKLIST ✓

**Initial Filing:** File the forms below to start your case.

— **Cover Sheet for Family Court Cases, Form 12.928, (Pages 11-12)**

— **Petition and Affidavit for Involuntary Treatment Services (Pages 13-18):** You must use this form to explain to the Judge what has happened in your case that requires the person to be taken to a facility for involuntary assessment and for involuntary treatment.

**Please be as accurate as possible with the description of the person and attach a photo.**

— **Notice of Related Cases, Form 12.900(h), (Pages 16-18):** This form lets the court know if you have any other cases involving the same parties, children, or issues in this case.

— **Date of Birth Form for Unified Family Court, Administrative Order (A.O.) 5.109, (Page 24)**

— **Information / Description Sheet (Page 25):** You may request that the Sheriff serve the other party in your case with the petition and related papers. This form is used to provide the Sheriff with the necessary information about the other party.

**Please be as accurate as possible with the description of the person and attach a photo.**

— **Notice of Designation of E-Mail Address for E-Service, (Pages 27-28):** use this form to provide an email address to receive electronic notices and documents from the court and the other party to your case or to update your email address of record with the court.

**OR**

— **Request to be Excused from E-Mail Service by a Party Not Represented by an Attorney, Form 2.601 (Pages 30-31):** use this form to opt out of email service if you do not have an email address or do not have regular access to the internet



## **File if Applicable to Your Case:**

- **Petition for Renewal of Involuntary Treatment Services Order Pursuant to Florida Statute Chapter 397, (Page 34):** This form may be filed if the person continues to require involuntary substance abuse services at the expiration of the initial court order.
  
- **Disclosure from Nonlawyer, Form 12.900(a), (Page 36):** use this form when anyone who is not a lawyer in good standing with the FL Bar helps you complete any of the forms in this case.

## **Bring to Your Hearing and Provide to Judge:**

- **Final Disposition Form, Form 1.998, (Page 33):** This form will be used by the court to report the outcome of your case.



## Filing Instructions

- **Paper/ Original Documents:**

- You may file your paperwork either by visiting the Unified Family Court department at one of the Clerk's Office locations listed on page two of the instructions or by U.S. mail to:

**Mental Health  
P.O. Box 3597  
West Palm Beach, FL 33402**

- Make 2 copies of all the documents you complete.
- Clip all pages of each original document together before filing. For the copies, you may staple each document.
- Next, file all applicable original documents with the Clerk of the Circuit Court & Comptroller's office.
- If you mail your documents, send the original and copies along with a pre-addressed stamped envelope so that your copies may be returned to you. The envelope must be large enough to mail the copies back to you.

- **Electronic Documents**

- Self-represented litigants may file petitions or other pleadings or documents electronically, but they are not required to do so. If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525 and the procedures of the judicial circuit in which you file. The rules and procedures should be carefully read and followed. Instructions regarding e-filing are included in this packet.
- To file court documents electronically, you must first register in the Florida E-Filing Portal. Directions, a manual, and a short step-by-step video about e-filing and how to file court documents electronically are available on the Clerk of the Circuit Court & Comptroller's website at: <https://www.mypalmbeachclerk.com/services/self-service-center/how-to-videos-toolboxes/e-courts-workshop-toolbox> and <https://www.mypalmbeachclerk.com/departments/courts/e-filing-how-to-file-court-documents/self-represented-filers>. You may also go to [www.mypalmbeachclerk.com](http://www.mypalmbeachclerk.com) and select **Services**. Then, click **E-Filing and How to File Court Documents**. Under **Self Represented Filers**, select **File Electronically**. If you are required to file the original, hard copy of certain documents, they must be submitted in person at a Clerk's office location or via mail. A list of these documents is available on our website.

**INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE  
FORM 12.928  
COVER SHEET FOR FAMILY COURT CASES (02/24)**

**When should this form be used?**

The Cover Sheet for Family Court Cases and the information contained in it does not replace nor supplement the filing and service of pleadings or other documents as required by law. This form shall be filed by the petitioner/party opening or reopening a case for the use of the **clerk of the circuit court** for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075.

This form should be typed or printed in black ink. The petitioner must **file** this cover sheet with the first pleading or motion filed to open or reopen a case in all domestic and juvenile cases.

**What should I do next?**

Follow these instructions for completing the form:

- I. Case Style. Enter the name of the court, the appropriate case number assigned at the time of filing of the original petition, the name of the judge assigned (if applicable), and the name (last, first, middle initial) of the petitioner(s) and respondent(s).
  
- II. Type of Action /Proceeding. Place a check beside the proceeding you are initiating. If you are filing more than one type of proceeding, (such as a modification and an enforcement proceeding) against the same party at the same time, then you must complete a separate cover sheet for each action being filed.
  - (A) Initial Action/Petition
  - (B) Reopening Case. If you check “Reopening Case,” indicate whether you are filing a modification or supplemental petition or an action for enforcement by placing a check beside the appropriate action/petition.
    1. Modification/Supplemental Petition
    2. Motion for Civil Contempt/ Enforcement
    3. Other – All reopening actions not involving modification/supplemental petitions or petition enforcement.
  
- III. Type of Case. Place a check beside the appropriate case. If the case fits more than one category, select the most definitive. Definitions of the categories are provided below.
  - (A) Simplified Dissolution of Marriage- petitions for the termination of marriage pursuant to Florida Family Law Rule of Procedure 12.105.
  - (B) Dissolution of Marriage - petitions for the termination of marriage pursuant to Chapter 61, Florida Statutes, other than simplified dissolution.

- (C) Domestic Violence - all matters relating to injunctions for protection against domestic violence pursuant to section 741.30, Florida Statutes.
- (D) Dating Violence - all matters relating to injunctions for protection against dating violence pursuant to section 784.046, Florida Statutes.
- (E) Repeat Violence - all matters relating to injunctions for protection against repeat violence pursuant to section 784.046, Florida Statutes.
- (F) Sexual Violence - all matters relating to injunctions for protection against sexual violence pursuant to section 784.046, Florida Statutes.
- (G) Stalking-all matters relating to injunctions for protection against stalking pursuant to section 784.0485, Florida Statutes
- (H) Support - IV-D - all matters relating to child or spousal support in which an application for assistance has been filed with the Department of Revenue, Child Support Enforcement under Title IV-D, Social Security Act, except for such matters relating to dissolution of marriage petitions (sections 409.2564, 409.2571, and 409.2597, Florida Statutes), paternity, or UIFSA.
- (I) Support-Non IV-D - all matters relating to child or spousal support in which an application for assistance has **not** been filed under Title IV-D, Social Security Act.
- (J) UIFSA- IV-D - all matters relating to Chapter 88, Florida Statutes, in which an application for assistance has been filed under Title IV-D, Social Security Act.
- (K) UIFSA - Non IV-D - all matters relating to Chapter 88, Florida Statutes, in which an application for assistance has **not** been filed under Title IV-D, Social Security Act.
- (L) Support for Dependent Adult Children – all matters related to support of a dependent adult child.
- (M) Other Family Court - all matters involving time-sharing and/or parenting plans relating to minor child(ren), support unconnected with dissolution of marriage, annulment, delayed birth certificates pursuant to Florida Statutes section 382.0195, expedited affirmation of parental status pursuant to Florida Statutes section 742.16, termination of parental rights proceedings pursuant to Florida Statutes section 63.087, declaratory judgment actions related to premarital, marital, post-marital agreements, or other matters not included in the categories above.
- (N) Adoption Arising Out Of Chapter 63 - all matters relating to adoption pursuant to Chapter 63, Florida Statutes, excluding any matters arising out of Chapter 39, Florida Statutes.
- (O) Name Change - all matters relating to name change, pursuant to section 68.07, Florida Statutes.
- (P) Paternity/Disestablishment of Paternity – all matters relating to paternity pursuant to Chapter 742, Florida Statutes.
- (Q) Juvenile Delinquency - all matters relating to juvenile delinquency pursuant to Chapter 985, Florida Statutes.
- (R) Petition for Dependency - all matters relating to petitions for dependency.
- (S) Shelter Petition – all matters relating to shelter petitions pursuant to Chapter 39, Florida Statutes.
- (T) Termination of Parental Rights Arising Out Of Chapter 39 – all matters relating to termination of parental rights pursuant to Chapter 39, Florida Statutes.



- (U) Adoption Arising Out Of Chapter 39 – all matters relating to adoption pursuant to Chapter 39, Florida Statutes.
- (V) CINS/FINS – all matters relating to children in need of services (and families in need of services) pursuant to Chapter 984, Florida Statutes.
- (W) Petition for Temporary or Concurrent Custody by Extended Family-all matters relating to petitions for temporary or concurrent custody pursuant to Chapter 751.
- (X) Emancipation of a Minor-all matters relating to emancipation of a minor pursuant to Chapter 743.

**ATTORNEY OR PARTY SIGNATURE.** Sign the Cover Sheet for Family Court Cases. Print legibly the name of the person signing the Cover Sheet for Family Court Cases. Attorneys must include a Florida Bar number. Insert the date the Cover Sheet for Family Court Cases is signed. Signature is a certification that filer has provided accurate information on the Cover Sheet for Family Court Cases.

**Nonlawyer** Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

A copy of this form must be filed with the court and served on the other party or his or her attorney. The copy you are serving to the other party must be either mailed, e-mailed, or hand-delivered to the opposing party or his or her attorney on the same day indicated on the certificate of service. If it is mailed, it must be postmarked on the date indicated in the certificate of service.

### **IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of General Practice and Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of General Practice and Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. The rules and procedures should be carefully read and followed.

### **IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION**

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of General Practice and Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Florida Rules of General Practice and Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you must review Florida Rule of General Practice and Judicial Administration 2.516.

You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of General Practice and Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by email, the procedures must always be followed once the initial election is made.

To serve and receive documents by e-mail, you must designate your e-mail addresses by using the Designation of Current Mailing and E-mail Address, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General), Florida Supreme Court Approved Family Law Form 12.914; Designation of Current Mailing and E-mail Address, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of General Practice and Judicial Administration 2.516.**

### **Where can I look for more information?**

**Before proceeding, you should read “General Information for Self-Represented Litigants” found at the beginning of these forms.** For further information, see Rule 12.100, Florida Family Law Rules of Procedure.

**COVER SHEET FOR FAMILY COURT CASES**

**I. Case Style**

**IN THE CIRCUIT COURT OF THE 15TH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA**

Case No.: \_\_\_\_\_

Judge: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**II. Type of Action/Proceeding.** Place a check beside the proceeding you are initiating. If you are filing more than one type of proceeding (such as a modification and an enforcement proceeding) against the same party at the same time, then you must complete a separate cover sheet for each action being filed. **If you are reopening a case, choose one of the three options below it.**

- (A)  Initial Action/Petition
- (B)  Reopening Case
  - 1.  Modification/Supplemental Petition
  - 2.  Motion for Civil Contempt/Enforcement
  - 3.  Other

**III. Type of Case.** If the case fits more than one type of case, select the most definitive.

- (A)  Simplified Dissolution of Marriage
- (B)  Dissolution of Marriage
- (C)  Domestic Violence
- (D)  Dating Violence
- (E)  Repeat Violence
- (F)  Sexual Violence
- (G)  Stalking
- (H)  Support IV-D (Department of Revenue, Child Support Enforcement)
- (I)  Support Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (J)  UIFSA IV-D (Department of Revenue, Child Support Enforcement)
- (K)  UIFSA Non-IV-D (**not** Department of Revenue, Child Support Enforcement)
- (L)  Support for Dependent Adult Children – all matters related to support of a dependent adult children
- (M)  Other Family Court
- (N)  Adoption Arising Out Of Chapter 63

- (O) \_\_\_\_\_ Name Change
- (P) \_\_\_\_\_ Paternity/Disestablishment of Paternity
- (Q) \_\_\_\_\_ Juvenile Delinquency
- (R) \_\_\_\_\_ Petition for Dependency
- (S) \_\_\_\_\_ Shelter Petition
- (T) \_\_\_\_\_ Termination of Parental Rights Arising Out Of Chapter 39
- (U) \_\_\_\_\_ Adoption Arising Out Of Chapter 39
- (V) \_\_\_\_\_ CINS/FINS
- (W) \_\_\_\_\_ Petition for Temporary or Concurrent Custody by Extended Family
- (X) \_\_\_\_\_ Emancipation of a Minor

**IV.** Rule of General Practice and Judicial Administration 2.545(d) requires that a Notice of Related Cases Form, Family Law Form 12.900(h), be filed with the initial pleading/petition by the filing attorney or self-represented litigant in order to notify the court of related cases. Is Form 12.900(h) being filed with this Cover Sheet for Family Court Cases and initial pleading/petition?

\_\_\_\_\_ No, to the best of my knowledge, no related cases exist.  
 \_\_\_\_\_ Yes, all related cases are listed on Family Law Form 12.900(h).

**ATTORNEY OR PARTY SIGNATURE**

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_ FL Bar No.: \_\_\_\_\_  
 Attorney or party (Bar number, if attorney)

\_\_\_\_\_ \_\_\_\_\_  
 (Type or print name) (E-mail Address(es))

\_\_\_\_\_ \_\_\_\_\_  
 Date

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [fill in all blanks]

This form was prepared for the: {choose only one} \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,  
 {name of business} \_\_\_\_\_,  
 {address} \_\_\_\_\_,  
 {city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA**

IN RE: \_\_\_\_\_ CASE NO: \_\_\_\_\_

**Petition and Affidavit for Involuntary Treatment Services  
[Marchman Act]  
*Pursuant to Florida Statute Chapter 397***

I (We) \_\_\_\_\_, being duly sworn, am (are) filing this sworn statement requesting a court Order for Involuntary Treatment Services for Substance Abuse under the Marchman Act of \_\_\_\_\_,  an adult or  a minor (hereinafter referred to as Respondent). (Name of Person)

The Petitioner(s) has(have) a good faith belief that the Respondent meets the criteria for Involuntary Admission because: *(Check one)*

- The Respondent is substance abuse impaired; **OR**
- The Respondent has a substance abuse disorder and a co-occurring mental health disorder.

The Petition and Affidavit will be included in the Respondent's clinical record and may be viewed by the Respondent. I understand that by filling out this form; (1) the Respondent may be taken by law enforcement to a hospital or licensed substance abuse facility for assessment and stabilization; (2) If this Petition should be granted, the Respondent's name will be placed on the statewide Mental Competency Database (MECOM).

**I SWEAR AND AFFIRM** that the answers to the following questions are given honestly, in good faith, to the best of my knowledge, and for no ulterior purpose.

**Assessment Status:** *(Check one)*

- 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 30 days;

**If assessed:** *(Check one)*

- A copy of the Assessment is attached; or
- A copy of the Assessment will be filed with the Clerk of the Circuit Court by the qualified professional no later than the ordinary close of business on the day before the scheduled hearing. [*Petitioner(s) will bring a copy to the scheduled hearing.*]

**OR**

- Petitioner(s) is(are) seeking court ordered involuntary assessment and stabilization pursuant to F.S. 397.6818.

**Exigent Circumstances:**

I/We, the Petitioner(s), allege that exigent circumstances exist requiring the issuance of an ex parte Order for assessment and stabilization of the Respondent.

Describe in detail the exigent circumstances that cause you to believe the Court should treat this as an emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. PARTY ADDRESSES:**

a. The Petitioner lives at (print full residential address):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b. The Respondent lives at (RESIDENTIAL ADDRESS):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c. The Respondent *may be found at (non-residential address)*:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2. I have the following relationship with the Respondent: (Check one)**

- Spouse
- Legal Guardian
- Relative \_\_\_\_\_
- Service Provider
- Adult with direct personal knowledge of the Respondent’s substance abuse impairment and prior course of assessment and treatment.

**3. The Respondent: (Check as many as apply)**

- Has mental health issues;
- Is a minor;
- Has assets sufficient to pay attorney fees;
- Does not have assess sufficient to pay attorney fees; or
- It is unknown whether the Respondent has assets sufficient to pay attorney fees.

**4. I  am  am not on good terms with the Respondent at the present time.**

If not on good terms, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

**IF there is a domestic violence injunction a.k.a. restraining order, no contact order, dissolution of marriage, other family proceeding, pending eviction, or any other legal dispute involving the parties, or a family member, please provide the case number and location of the Court below:**  
 \_\_\_\_\_  
 \_\_\_\_\_

5. I or a family member  have  have not previously made allegations to law enforcement involving this Person on \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) such as domestic violence, trespassing, batter, child abuse, or neglect, Baker Act, neighborhood disputes, etc. *If allegations have been made describe below:*

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6. This Person  has  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, neighborhood disputes, etc. *If allegations have been made, describe below:*

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7. This Person  has  has not previously (or currently) been involved in criminal or delinquency charges. *If so, explain below:*

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8. I have known the Respondent for \_\_\_\_\_ (how long)

The Respondent has only recently displayed behavior related to substance abuse impairment or disorder.

The Respondent has, over a period of time, had a substance abuse impairment or disorder. If so, specify how long: \_\_\_\_\_

**CHECK AND COMPLETE THE FOLLOWING IF APPLICABLE:**

9. I  do, OR  do not, believe that the Respondent is substance abuse impaired (defined in s. 397.311(19), F.S., as a condition involving the use of alcoholic beverages, illicit or prescription drugs, or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems or cause socially dysfunctional behavior) If so, *explain why* (i.e., observation, related knowledge, etc.).

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10. I  do, OR  do not, believe that because of such impairment or disorder, the Respondent has lost the power of self-control with respect to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

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11. I  do, OR  do not,, believe that because of such impairment or disorder, the Respondent has lost the power of self-control to substance abuse. If so, *explain why* (i.e., observation, related knowledge, etc.).

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12. I  do, OR  do not, believe the Respondent is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgement has been so impaired that he or she is incapable of appreciating his or her need or such services and of making a rational decision in that regard. If so, *explain why* (i.e., observation, related knowledge, etc.).

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13. I  do, OR  do not, believe that without care or treatment, he or she is likely to suffer from neglect or refuse to care for himself or herself and that such neglect or refusal poses a real and present threat of substantial harm to his or her wellbeing. If so, *explain why* (i.e., observation, related knowledge, etc.).

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14. I  do, OR  do not, believe that such harm may be avoided through the help of willing, able and responsible family members or friends or the provision of other services. If so, *explain why* (i.e., observation, related knowledge, etc.).

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15. I  do, OR  do not, believe there is substantial likelihood that the Respondent has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another. If so, *explain why* (i.e., observation, related knowledge, etc.).

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16.  (a.) I have attempted to get the Respondent to seek assistance for a substance abuse problem(s) as follows:

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(b.) I did not try to get the Respondent to agree to a voluntary assessment or treatment because:

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(c.) The Respondent refused a voluntary assessment or treatment because:

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**18. Does the Respondent have access to any weapons?**  Yes  No  Unknown

If yes, please describe the type of weapon(s) and their location(s) if known:

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**19. Has the Respondent been violent toward anyone including law enforcement in the recent past?**

If yes, please describe:

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**20. Is the Respondent violent now?**

If yes, please describe:

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**21. Does the Petitioner(s) or the Respondent require the assistance of an interpreter?**

Yes or  No. If YES, please identify the type of interpreter required \_\_\_\_\_

**22. Does the Respondent have a legal Guardian?**  Yes  No  Unknown

**22. Is there a pending petition to determine the Respondent's capacity, and to appoint a guardian?**

Yes  No  Unknown

**23. If YES, to either question 21, or 22 above, provide the name, address, and phone number of the current or proposed guardian, along with a copy of the Letters of Guardianship if issued.**

**Guardian Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Respondent's Physician

Doctor's Office \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Email \_\_\_\_\_

If provided, please describe: \_\_\_\_\_

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**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 not done in good faith may expose me to a penalty for perjury and other possible penalties under statues 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.**

ESERVICE/EMAIL OF PETITIONER(S) \_\_\_\_\_

Signature of Petitioner(s) \_\_\_\_\_

\_\_\_\_\_

**Petitioner's Signature can be verified by a Notary Public or by the Clerk of the Court**

Sworn to (or affirmed) and subscribed before me by means of [  ] physical presence or [  ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally know to me or who has produced \_\_\_\_\_ as identification.

[Notary Seal]

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
Name Typed, printed, or stamped

My Commission Expires: \_\_\_\_\_

## INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.900(h), NOTICE OF RELATED CASES (02/24)

### When should this form be used?

Florida Rule of General Practice and Judicial Administration 2.545(d) requires the **petitioner** in a family law case to file with the court a notice of related cases, if any. Your circuit may also require this form to be filed even if there are no related cases. A case is considered related if:

- it involves the same parties, children, or issues and is pending when the family law case is filed; or
- it affects the court's jurisdiction to proceed; or
- an order in the related case may conflict with an order on the same issues in the new case; or
- an order in the new case may conflict with an order in the earlier case.

This form is used to provide the required notice to the court.

This form should be typed or printed in black ink. It must be **filed** with the **clerk of the circuit court** with the initial pleading in the family law case.

### What should I do next?

A copy of the form must be served on the presiding judge, either the chief judge or the family law administrative judge, and all parties in the related cases. You should also keep a copy for your records. **Service** must be in accordance with Florida Rule of General Practice and Judicial Administration 2.516.

### Where can I look for more information?

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** The words that are in "**bold and underline**" in these instructions are defined there. For further information, see Florida Rule of General Practice and Judicial Administration 2.545(d).

### Special notes . . .

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms **must** also put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent.

**NOTICE OF RELATED CASES**

1. Petitioner submits this Notice of Related Cases as required by Florida Rule of General Practice and Judicial Administration 2.545(d). A related case may be an open or closed civil, criminal, guardianship, domestic violence, juvenile delinquency, juvenile dependency, or domestic relations case. A case is "related" to this family law case if it involves any of the same parties, children, or issues and it is pending at the time the party files a family case; if it affects the court's jurisdiction to proceed; if an order in the related case may conflict with an order on the same issues in the new case; or if an order in the new case may conflict with an order in the earlier litigation.

[check one only]

There are no related cases.

The following are the related cases (add additional pages if necessary):

**Related Case No. 1**

Case Name(s): \_\_\_\_\_

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

Case No.: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Proceeding: [check all that apply]

- |  |   |
|--|---|
| <input type="checkbox"/> Dissolution of Marriage                       | <input type="checkbox"/> Paternity                            |
| <input type="checkbox"/> Custody                                       | <input type="checkbox"/> Adoption                             |
| <input type="checkbox"/> Child Support                                 | <input type="checkbox"/> Support for Dependent Adult Children |
| <input type="checkbox"/> Modification/Enforcement/Contempt Proceedings |   |
| <input type="checkbox"/> Juvenile Dependency                           | <input type="checkbox"/> Juvenile Delinquency                 |
| <input type="checkbox"/> Termination of Parental Rights                | <input type="checkbox"/> Criminal                             |
| <input type="checkbox"/> Domestic/Sexual/Dating/Repeat                 | <input type="checkbox"/> Mental Health                        |
| <input type="checkbox"/> Violence or Stalking Injunctions              | <input type="checkbox"/> Other {specify} _____                |

State where case was decided or is pending:  Florida  Other: {specify} \_\_\_\_\_

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): \_\_\_\_\_

\_\_\_\_\_
Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases check all that apply]:

- \_\_\_ pending case involves same parties, children, or issues;
\_\_\_ may affect court's jurisdiction;
\_\_\_ order in related case may conflict with an order in this case;
\_\_\_ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_

Related Case No. 2

Case Name(s): \_\_\_\_\_

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

Case No.: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Proceeding: [check all that apply]

- \_\_\_ Dissolution of Marriage \_\_\_ Paternity
\_\_\_ Custody \_\_\_ Adoption
\_\_\_ Child Support \_\_\_ Support for Dependent Adult Children
\_\_\_ Modification/Enforcement/Contempt Proceedings
\_\_\_ Juvenile Dependency \_\_\_ Juvenile Delinquency
\_\_\_ Termination of Parental Rights \_\_\_ Criminal
\_\_\_ Domestic/Sexual/Dating/Repeat \_\_\_ Mental Health
\_\_\_ Violence or Stalking Injunctions \_\_\_ Other {specify} \_\_\_\_\_

State where case was decided or is pending: \_\_\_ Florida \_\_\_ Other: {specify} \_\_\_\_\_

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): \_\_\_\_\_

Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases check all that apply]:

- \_\_\_ pending case involves same parties, children, or issues.
\_\_\_ may affect court's jurisdiction;
\_\_\_ order in related case may conflict with an order in this case;
\_\_\_ order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_

**Related Case No. 3**

Case Name(s): \_\_\_\_\_

Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

Case No.: \_\_\_\_\_ Division: \_\_\_\_\_

Type of Proceeding: [check all that apply]

- Dissolution of Marriage
- Custody
- Child Support
- Modification/Enforcement/Contempt Proceedings
- Juvenile Dependency
- Termination of Parental Rights
- Domestic/Sexual/Dating/Repeat
- Violence or Stalking Injunctions
- Paternity
- Adoption
- Support for Dependent Adult Children
- Juvenile Delinquency
- Criminal
- Mental Health
- Other {specify} \_\_\_\_\_

State where case was decided or is pending:  Florida  Other: {specify} \_\_\_\_\_

Name of Court where case was decided or is pending (for example, Fifth Circuit Court, Marion County, Florida): \_\_\_\_\_

Title of last Court Order/Judgment (if any): \_\_\_\_\_

Date of Court Order/Judgment (if any): \_\_\_\_\_

Relationship of cases check all that apply]:

- pending case involves same parties, children, or issues;
- may affect court's jurisdiction;
- order in related case may conflict with an order in this case;
- order in this case may conflict with previous order in related case.

Statement as to the relationship of the cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. [check one only]

- I do not request coordination of litigation in any of the cases listed above.
- I do request coordination of the following cases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. [check all that apply]

- Assignment to one judge
- Coordination of existing cases will conserve judicial resources and promote an efficient determination of these case because: \_\_\_\_\_  
\_\_\_\_\_

4. The Petitioner acknowledges a continuing duty to inform the court of any cases in this or any other state that could affect the current proceeding.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_

### CERTIFICATE OF SERVICE

I CERTIFY that I delivered a copy of this Notice of Related Cases to the \_\_\_\_\_ County Sheriff's Department or a certified process server for service on the Respondent, and [check all used] ( ) e-mailed ( ) mailed ( ) hand delivered, a copy to {name} \_\_\_\_\_, who is the [check all that apply] ( ) judge assigned to new case, ( ) chief judge or family law administrative judge, ( ) {name} \_\_\_\_\_ a party to the related case, ( ) {name} \_\_\_\_\_, a party to the related case on {date} \_\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner/Attorney for Petitioner  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_  
Florida Bar Number: \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the {choose **only one**}: ( ) Petitioner ( ) Respondent.

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_  
{name of business} \_\_\_\_\_  
{address} \_\_\_\_\_  
{city} \_\_\_\_\_ {state} \_\_\_\_\_, {telephone number} \_\_\_\_\_

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA**

CaseNo: .....  
Division: .....

\_\_\_\_\_  
Petitioner,

and

\_\_\_\_\_  
Respondent.

**Date of Birth Form for Unified Family Court**

**Instructions**

Pursuant to Administrative Order 5.109, this form is to be completed and filed with the Clerk's Office in all new and reopened Unified Family Court ("UFC") cases. UFC case types include but are not limited to all family, juvenile, mental health, domestic violence and guardianship cases. A detailed list of UFC case types can be found in Administrative Order 5.101.

**Sensitive Information in this document (month and day of birth/names of minors) will be redacted by the Clerk and will not be accessible by the general public.**

**Information**

Petitioner's Name	Petitioner's D.O.B		
Petitioner's Address			
Respondent's Name		Respondent's D.O.B	
Respondent's Address			
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
Child's Name		Child's D.O.B	
*Please attach an additional page for additional Party or Child			

**Filed by:** \_\_\_\_\_  
**Type/Print your name**



**PLEASE PRINT LEGIBLY**

**Division: Probate/Mental Health**  
**INFORMATION / DESCRIPTION SHEET**

**TO: THE PALM BEACH COUNTY SHERIFF'S OFFICE**

Case No. \_\_\_\_\_ Division: \_\_\_\_\_

RESPONDENT'S NAME: \_\_\_\_\_

AKA (also known as): \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B. \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ TATTOOS: \_\_\_\_\_

DL/STATE ID: \_\_\_\_\_ SS#: (ENTIRE #): \_\_\_\_\_

DISTINGUISHING MARKS/ FEATURES: \_\_\_\_\_

ADDITIONAL INFORMATION THAT WOULD ASSIST WITH SERVICE: \_\_\_\_\_

BEST TIME TO SERVE: \_\_\_\_\_

PETITIONER'S NAME: \_\_\_\_\_

D.O.B. \_\_\_\_\_ RELATIONSHIP TO RESPONDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



THE  
**15TH JUDICIAL CIRCUIT**  
OF FLORIDA  
ADMINISTRATIVE OFFICE OF THE COURT

**E-SERVICE INSTRUCTIONS FOR SELF REPRESENTED PARTIES**

Pursuant to the Florida Rule of Judicial Administration 2.516, self-represented parties involved in any type of case in any Florida court, may, but are not required to, serve on the opposing party's attorney court documents by e-mail.

E-mail Service to/from an Opposing Party: Self-represented parties opting to serve court documents by e-mail may do so by designating a primary e-mail address (and up to 2 secondary e-mail addresses) for receiving service in that proceeding. This designation only informs the other side of your email address. Once a party has filed an e-mail address designation in a proceeding, all court documents required or permitted to be served on a party must be served by e-mail unless the parties otherwise agree or a court orders otherwise.

E-Mail Service from Participating Judges: Self-represented parties who want to receive court orders and other court documents from judges who use e-mail service **MUST** register with the 15th Judicial Circuit's online services system at **[www.15thcircuit.com/html/onlineservices](http://www.15thcircuit.com/html/onlineservices)**. You will **NOT** receive court documents from participating judges unless and until you register with the 15th Judicial Circuit's online system.

Form of Email: E-mail service is made by attaching a copy of the document to be served in PDF format to an e-mail. The e-mail's subject line must state "SERVICE OF COURT DOCUMENT" in all capital letters, followed by the case number of the relevant proceeding. The body of the e-mail must identify the: (1) court in which the proceeding is pending; (2) case number; (3) name of the initial party on each side; (3) title of each document served with that e-mail; (4) sender's name; (5) sender's telephone number. The e-mail and attachments together may not exceed 5 megabytes in size; e-mails that exceed the size requirement must be divided into separate e-mails (no one of which may exceed 5 megabytes) and labeled sequentially in the subject line. Documents served by e-mail may be signed by "/s/", "/s" or "s" as long as the document filed with the Clerk's Office is signed in accordance with the applicable rule of procedure.

Service Dates: Service by e-mail is deemed complete on the date it is sent. E-mail service is treated as service by mail for the computation of time. When, in addition to service by e-mail, the sender also utilizes another means of service provided for in the Rules of Judicial Administration, the computation of time will be based on the method of service that has the shortest response time.

Filing of Documents: The Rules of Judicial Administration require that all documents be filed with the court either before service on the opposing party or immediately thereafter. Documents are deemed filed when they are filed with the clerk of court. If the sender learns that the e-mail did not reach the address of the person to be served, the sender must immediately send another copy by e-mail, or serve by a means authorized by subdivision (b)(2) of the Rules of Judicial Administration.

IN THE \_\_\_\_\_ COURT OF THE FIFTEENTH JUDICIAL CIRCUIT IN  
AND FOR PALM BEACH COUNTY, FLORIDA

CASE NO.: \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff/Petitioner

v.

\_\_\_\_\_,  
Defendant/Respondent

**DESIGNATION OF E-MAIL ADDRESS BY A PARTY NOT  
REPRESENTED BY AN ATTORNEY**

**Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C),**

I, (full legal name) \_\_\_\_\_, designate the E-mail address(es)  
below for electronic service of all documents related to this case.

Designated E-mail Address: \_\_\_\_\_

Secondary E-mail Address: \_\_\_\_\_

Other E-mail Address: \_\_\_\_\_

1. By completing this form, I am authorizing the Court, the Clerk of the Fifteenth Judicial Circuit of Florida, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.
2. I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(E-mail Address)

\_\_\_\_\_  
(Phone Number)

**CERTIFICATE OF SERVICE**

I certify that a copy of this document was {check all used}: ( ) e-mailed ( ) mailed ( ) faxed ( ) hand-delivered to the person(s) listed below on {date}\_\_\_\_\_.

**Other party or his/her attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in all blanks] This form was prepared for the: {choose only **one**}

( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_

{name of business} \_\_\_\_\_

{street} \_\_\_\_\_

{city} \_\_\_\_\_, {state} \_\_\_\_\_ {telephone number} \_\_\_\_\_

**Form 2.601, REQUEST TO BE EXCUSED FROM E-MAIL SERVICE BY A PARTY NOT REPRESENTED BY AN ATTORNEY**

Rule 2.516 of the Rules of General Practice and Judicial Administration, SERVICE OF PLEADINGS AND DOCUMENTS, is amended to require self-represented litigants to provide an email address for service of court documents, unless the party is in custody or unless the party is excused by the Clerk because the party declares under penalty of perjury that they do not have an email address or do not have regular access to the Internet. In order for the self-represented litigant to make the declaration of lack of email address or regular Internet access, they must complete this form.

If a pro se litigant is not requesting to be excused from e-mail service, they can use Form 2.602, Notice of Email Designation, to specify up to three (3) email addresses where they would like to receive e-mail service from the court and other parties in their case.

IN THE COUNTY/CIRCUIT COURT OF THE FIFTEENTH JUDICIAL,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff/Petitioner,

and

\_\_\_\_\_,  
Defendant/Respondent.

**REQUEST TO BE EXCUSED FROM E-MAIL SERVICE FOR A PARTY NOT  
REPRESENTED BY AN ATTORNEY**

(Name) \_\_\_\_\_ requests to be excused pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(D) from the requirements of e-mail service because I am not represented by an attorney and:

- I do not have an e-mail account.
- I do not have regular access to the internet.

By choosing not to receive documents by e-mail service, I understand that I will receive all copies of notices, orders, judgments, motions, pleadings, or other written communications by delivery or mail at the following address: \_\_\_\_\_

\_\_\_\_\_

(Address)

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing address.

Pursuant to section 92.525, Florida Statutes, under penalties of perjury, I declare that I have read the foregoing request and that the facts stated in it are true.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Phone number: \_\_\_\_\_

**CLERK'S DETERMINATION**

Based on the information provided in this request, I have determined that the applicant is  
 excused or  not excused from the e-mail service requirements of Fla. R. Gen. Prac. & Jud.  
Admin. 2.516(b)(1)(C).

Dated: \_\_\_\_\_

Signature of the Clerk of Court: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that a copy hereof has been furnished to the Clerk of Court for  Palm Beach   
County and (insert name(s) and address(es) of parties used for service) \_\_\_\_\_

\_\_\_\_\_

by (delivery) (mail) \_\_\_\_\_ on (date) \_\_\_\_\_

\_\_\_\_\_  
(Name of party)

**A PERSON, WHO IS NOT EXCUSED, MAY SEEK REVIEW BY A JUDGE BY  
REQUESTING A HEARING TIME.**

Sign here if you want the Judge to review the clerk's determination that you are not  
excused from the e-mail service requirements. You do not waive or give up any right to  
judicial review of the clerk's determination by not signing this part of the form:

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

## FORM 1.998. INSTRUCTIONS FOR ATTORNEYS COMPLETING FINAL DISPOSITION FORM

**I. Case Style.** Enter the name of the court, the appropriate case number assigned at the time of filing of the original complaint or petition, the name of the judge assigned to the case and the names (last, first, middle initial) of plaintiff(s) and defendant(s).

**II. Means of Final Disposition.** Place an “x” in the appropriate major category box and in the appropriate subcategory box, if applicable. The following are the definitions of the disposition categories.

(A) Dismissed Before Hearing—the case is settled, voluntarily dismissed, or otherwise disposed of before a hearing is held;

(B) Dismissed Pursuant to Settlement — Before Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reached without mediation before a hearing is held;

(C) Dismissal Pursuant to Mediated Settlement — Before Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reached with mediation before a hearing is held;

(D) Other - Before Hearing—the case is dismissed before hearing in an action that does not fall into one of the other disposition categories listed on this form;

(E) Dismissed After Hearing—the case is dismissed by a judge, voluntarily dismissed, or settled after a hearing is held;

(F) Dismissal Pursuant to Settlement — After Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reach without mediation after a hearing is held;

(G) Dismissal Pursuant to Mediated Settlement — After Hearing—the case is voluntarily dismissed by the plaintiff after a settlement is reach with mediation after a hearing is held;

(H) Other - After Hearing—the case is dismissed after hearing in an action that does not fall into one of the other disposition categories listed on this form;

(I) Disposed by Default—a defendant chooses not to or fails to contest the plaintiff’s allegations and a judgment against the defendant is entered by the court;

(J) Disposed by Judge—a judgment or disposition is reached by the judge in a case that is not dismissed and in which no trial has been held. Includes stipulations by the parties, conditional judgments, summary judgment after hearing and any matter in which a judgment is entered excluding cases disposed of by default as in category (I) above;

(K) Disposed by Non-Jury Trial—the case is disposed as a result of a contested trial in which there is no jury and in which the judge determines both the issues of fact and law in the case;

(L) Disposed by Jury Trial—the case is disposed as a result of a jury trial (consider the beginning of a jury trial to be when the jurors and alternates are selected and sworn);

(M) Other—the case is consolidated, submitted to arbitration or mediation, transferred, or otherwise disposed of by other means not listed in categories (A) through (L).

**DATE AND ATTORNEY SIGNATURE.** Date and sign the final disposition form



IN THE \_\_\_\_\_ COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

\_\_\_\_\_  
Plaintiff(s)

Case No. \_\_\_\_\_

Judge \_\_\_\_\_

-vs-

\_\_\_\_\_  
Defendant(s)

**II. MEANS OF FINAL DISPOSITION** (Place an "x" in one box for major category and one subcategory, if applicable, only)

- Dismissed Before Hearing
  - Dismissed Pursuant to Settlement – Before Hearing
  - Dismissed Pursuant to Mediated Settlement – Before Hearing
  - Other – Before Hearing
- Dismissed After Hearing
  - Dismissed Pursuant to Settlement – After Hearing
  - Dismissed Pursuant to Mediated Settlement – After Hearing
  - Other After Hearing – After Hearing
- Disposed by Default
- Disposed by Judge
- Disposed by Non-jury Trial
- Disposed by Jury Trial
- Other

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF ATTORNEY FOR PREVAILING PARTY

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
IN AND FOR PALM BEACH COUNTY, FLORIDA**

IN RE: \_\_\_\_\_ CASE NO: \_\_\_\_\_  
(Respondent)

**Petition for Renewal of Involuntary Treatment Services Order  
[Marchman Act]  
*Pursuant to Florida Statute Chapter 397***

The Undersigned, \_\_\_\_\_ (name), who is either original Petitioner , or, the administrator  of \_\_\_\_\_ Facility alleges that:

1. The Respondent, \_\_\_\_\_, is currently located in \_\_\_\_\_ (County) and is a person in the aforesaid facility who was admitted to this facility on the date of \_\_\_/\_\_\_/\_\_\_.
2. The Circuit Court issued an Order of Involuntary Treatment on \_\_\_/\_\_\_/\_\_\_.
3. I understand, that according to the provisions of section 397.6975 Florida Statutes, the Respondent may not be retained after expiration of the current Order on \_\_\_/\_\_\_/\_\_\_ (date), without an Order authorizing an extension of the involuntary substance abuse services period.
4. That the person continues to meet criteria for involuntary substance abuse services pursuant to section 397.657 and 397.68111, F.S.
5. Attached is a report or supporting documentation from the service provider, summarizing substance abuse services conducted during the period between the Court's issuance of the Order for Involuntary Treatment Services for Substance Abuse, and the most recent date of services rendered by the service provider.

**This Petition MUST be filed with the Clerk of Court prior to the expiration of the court-ordered services period. The Court shall immediately schedule a hearing to be held not more than 15 days after filing of this Petition.**

I hereby certify that a copy of this Petition, along with its attachments, has been provided to the Respondent, or, the Respondent's Legal Guardian, and/or Attorney, on the date of \_\_\_/\_\_\_/\_\_\_.

Wherefore, it is requested an Order be issued authorizing the Facility to retain the person for a period not to exceed an additional ninety (90) days to commence upon the conclusion of the previously court-ordered treatment period, delineated hereinabove.

\_\_\_\_\_  
Signature of Petitioner and/or Facility Administrator

\_\_\_\_\_  
Designated Email for Service (Required)

\_\_\_\_\_  
Print Name of Petitioner and/or Facility Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## **Instructions for Florida Family Law Rules of Procedure Form 12.900(a), Disclosure from Nonlawyer (11/12)**

### **When should this form be used?**

This form must be used when anyone who is **not** a lawyer in good standing with The Florida Bar helps you complete any Florida Family Law Form. Attorneys who are licensed to practice in other states but not Florida, or who have been disbarred or suspended from the practice of law in Florida, are nonlawyers for the purposes of the Florida Family Law Forms and instructions.

The nonlawyer must complete this form and both of you are to sign it before the nonlawyer assists you in completing any Family Law Form.

**In addition**, on any other form with which a nonlawyer helps you, the nonlawyer shall complete the nonlawyer section located at the bottom of the form unless otherwise specified in the instructions to the form. This is to protect you and be sure that you are informed in advance of the nonlawyer's limitations.

### **What should I do next?**

A copy of this disclosure, signed by both the nonlawyer and the person, must be given to the person to retain and the nonlawyer must keep a copy in the person's file. The nonlawyer shall also keep copies for at least 6 years of all forms given to the person being assisted.

### **Special Notes**

This disclosure form does **not** act as or constitute a waiver, disclaimer, or limitation of liability.

IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

and

\_\_\_\_\_,  
Respondent.

**DISCLOSURE FROM NONLAWYER**

{Name} \_\_\_\_\_ told me that he/she is a nonlawyer and may not give legal advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar and who performs specifically delegated substantive legal work for which a member of The Florida Bar is responsible. Only persons who meet the definition may call themselves paralegals. {Name} \_\_\_\_\_, informed me that he/she is not a paralegal as defined by the rule and cannot call himself/herself a paralegal.

{Name} \_\_\_\_\_, told me that he/she may only type the factual information provided by me in writing into the blanks on the form. Except for typing, {name} \_\_\_\_\_, may not tell me what to put in the form and may not complete the form for me. However, if using a form approved by the Supreme Court of Florida, {name} \_\_\_\_\_, may ask me factual questions to fill in the blanks on the form and may also tell me how to file the form.

[choose **one** only]

\_\_\_\_\_ I can read English.

\_\_\_\_\_ I cannot read English, but this disclosure was read to me [fill in **both** blanks] by {name} \_\_\_\_\_ in {language} \_\_\_\_\_, which I understand.

Dated: \_\_\_\_\_

Signature of Party: \_\_\_\_\_

Signature of **NONLAWYER**: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_