

GUIDE TO SUBSTANCE ABUSE INVOLUNTARY PLACEMENT SERVICES PROBATE DIVISION

This Guide has been prepared to assist persons seeking to file petitions for involuntary substance abuse assessment and treatment services. Whenever possible, voluntary referral to agencies specializing in these services is preferable to involuntary interventions. Attached is:

- A list of the petitioner's responsibilities under the Marchman Act
- A list of the Marchman facilities that provide services to substance impaired individuals

These facilities may agree to provide diversion services to families and others who are willing to attempt therapeutic intervention instead of filing for involuntary assessment or treatment. While the Clerk of the Court is distributing this guide, questions about the services provided through the facilities listed on the attached page can be directed to the selected service provider.

A PETITIONER'S RESPONSIBILITIES UNDER THE MARCHMAN ACT

The Hal S. Marchman Act, Florida Statute 397 was passed by the Florida Legislature in 1993 to address substance abuse problems. A portion of the Act provides a procedure for the involuntary assessment and treatment of persons who are substance abuse impaired.

PLEASE NOTE that all of the listed facilities, with the exception of the ACTS facilities, are non-secure.

RESPONDENT'S PICK UP ADDRESS MUST BE IN HERNANDO COUNTY

BEFORE A PETITION IS FILED:

In order to avoid a potential court hearing, you should take the following actions BEFORE filing a petition:

1. Refer to the attached list of facilities that provide services to substance impaired persons.
2. YOU MUST contact the facilities listed to ensure that a bed is or will be available and that payment for these services has been arranged.
3. Once you secure a bed, take the person to the facility if he/she is willing to be voluntarily admitted.
4. The person will then be assessed for substance abuse problems. If necessary, he/she will then be admitted to the facility.

IF IT IS NECESSARY TO FILE A PETITION FOR INVOLUNTARY ASSESSMENT AND STABILIZATION:

1. YOU have the burden of proof in any court hearing.
2. YOU are not entitled to a court appointed attorney.
3. YOU must prove and swear under oath subject to the penalties of perjury, that the patient is substance abuse impaired and because of such impairment he or she:
 - Has lost the power of self-control with respect to substance use; and either
 - Has inflicted, or threatened or attempted to inflict, or unless admitted is likely to inflict physical harm on himself/herself or another; or
 - Is in need of substance abuse services and, by reason of substance abuse impairment, his/her judgment has been so impaired that he/she is incapable of appreciating his/her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to the need for such services.
4. If a court hearing is required to prove that the person needs a professional evaluation, YOU or your attorney must do the following:
 - Present evidence, both oral and written
 - Present witnesses, including expert witnesses
 - Respond to and gather relevant evidence prior to the final hearing

YOUR PETITION MUST CONTAIN THE FOLLOWING:

1. A full description of the patient, including height, weight, hair color and other features.
2. Detailed location where the person can be found.
3. The name/address of the facility that has agreed to take the patient and the day and time that the bed will be available.

MARCHMAN FACILITIES

Ask the receiving facility if they have a bed for a court ordered Marchman Act for Hernando County

Please fill out the information below as the Sheriff's Office will confirm before pick-up that the bed is available.

Adult Facility

**Baycare Behavioral Health Adult
Treatment Center
8002 King Helie Blvd.
New Port Richey, FL 34653
(727) 841-4455 (Ext 3075)**

Juvenile Facility

**ACTS
Adolescent Receiving facility
8620 North Dixon Ave
Tampa, FL 33604-1495
813-931-4669 (phone)
813-932-2977 (fax)**

**Human Services Associates, Inc.
Juvenile Assessment Center
Aspire Health Partners
434 W. Kennedy Blvd.
Orlando, FL 32808
407-875-3700 (ext. 2220)**

**Bed confirmed at _____
For _____ hours
Who you spoke with _____**

- **Bring this sheet when you come in with the part above filled out.**