

Marchman

Data Object Name	Data Element Requirement	Rule	Searchable	Case Mgt	Data Info Sheet	Comments
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent Name					Selected list - check box Multi-Value field : Spouse, Guardian, Any relative, Private Practioner, Service Provider director/designees, OR Any (3) adults having personal knowledge of the person's condition
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	County					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Judicial Assignment					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Case Number					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Petitioner Name					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent DOB					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Petitioner Address					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent Location					multiple entries, to include street, city, zip
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Statement of relationship					Selected list - check box Multi-Value field : Spouse, Guardian, Any relative, Private Practioner, Service Provider director/designees, OR Any (3) adults having personal knowledge of the person's condition
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Statement of relationship status					(Good terms) Check box Yes/No, If no explain

Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Previous allegations by petitioner					Check box Have/Have not
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Date of previous allegation by petitioner					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Description of previous allegations by petitioner					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Previous allegations by respondent					Check box Have/Have not
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Date of previous allegations by respondent					Description required
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Description of previous allegations by respondent					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Current charges					Check box Have/Have not
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Related court cases with petitioner					Check box: yes/no
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Related court cases description					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Related court cases date					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Related court cases explanation					text
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Time known					text

Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Behavior history					Check box Person has only recently displayed behavior related to substance abuse, Person has over a period of time had a substance abuse problem (with text box)
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Statement of substance abuse impairment					text
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Statement of respondent losing the power of self control with respect to substance abuse					text
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Description of how respondent has inflicted or is likely to inflict physical harm on self					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Date of previous instance of self or other harm					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Time of previous instance of self or other harm					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Other behavior					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Statement of respondent's inability to appreciate need for services					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Description of Petitioner's attempt to get respondent to agree to seek assistance					Check box Yes/No if yes explain
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Description of why petitioner made no attempt having respondent seek assistance					Check box: yes/no if checked, explanation required
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Description of respondent's refusal					Check box Yes/No if yes explain
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Facility Name					

Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Facility Address					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent Attorney status					check box None or unknown
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent Attorney name					
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Indigent Status					check box Yes/No with text field requiring explanation
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Petitioner signature					Notarization/Verification of documents electronically to be addressed by Court Rule
Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Attorney signature block					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent name					Text
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent address					May be multiple
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent location					Text
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent gender					Drop down Male/Female
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent Race					Drop down w/FDLE

Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent DOB					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent height					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent weight					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent hair color					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Respondent eye color					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Other identifiable features					Text
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Weapons					Yes/No with description
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Violent now					Yes/No with description
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Violent past					Yes/No with description
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Pending criminal charges					Yes/No with description

Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Legal guardian					Yes/No
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Pending incapacity					Yes/No
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Guardian name					Name, phone, address, including city and zip + 4 and email
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Physician Name					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Physician phone					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Medications					text
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Facility Representative					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Facility Name					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Date					
Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Time					

Information Sheet to accompany Petition for Involuntary Assessment and Stabilization (Statute 397.6811)	Petitioner signature					This petition must be sworn electronically or printed out by notary, Notarization/Verification of documents electronically to be addressed by Court Rule
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Respondent Name					text
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	County					
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Judicial Assignment					
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Case Number					
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Petitioner Name					
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Evidence of substance abuse impairment	R (397. 311)				text
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Evidence respondent meets involuntary admission criteria	R (397. 675)				text
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Designated Service Provider name					text

EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Attorney Status					check box: Waived the right to an attorney, Was represented by an attorney
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Hearing Attendance					Check box: Was present at the hearing, Was not present at the hearing
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Order					Drop Down: Granted/Denied
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Custody Order					check box if applicable
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Respondent Name					
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Date ordered					date
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Location ordered					city, county
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Judge Name					
EX-PARTE order for involuntary assessment and stabilization for substance abuse (Statute 397.6815(2) , 397.6811(1))	Judge Signature					
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Respondent Name					

Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	County					
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Judicial Assignment					
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Case Number					
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Age					check box: adult/minor
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Wish to have counsel appointed					check box: do/do not
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Private Counsel Status					check box: do/do not
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Ability to afford private counsel					can/cannot
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Hearing Date					date
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Respondent Signature					date
Notice of Right to counsel and Request for Appointment of Counsel (Statute 397.501(8), 397.681(2))	Date signed					
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Respondent Name					

Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	County					
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Judicial Assignment					
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Case Number					
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Hearing Date					date
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Hearing Time					time
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Indigent Status					check box: Upon the Court's Own Motion, the above named person, appearing to be indigent and needing the assignment of counsel, thereupon, it is / Having Received an Affidavit of Indigency, signed by the above named person requesting the assignment of counsel, thereupon it is
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Appointed Attorney Name					

Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Judge Name					
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Judge Signature					
Order Setting Hearing on Involuntary Assessment and Stabilization, Order Referral to General Magistrate and Order Appointing Attorney (Statute 397.6818)	Date Ordered					date
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Respondent Name					
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Judicial Assignment					
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	County					
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Case Number					

<p>Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)</p>	<p>Reason for Denial</p>	<p>R 397.6 75</p>			<p>Check Box: The petition does not demonstrate that the above named person meets the criteria for involuntary admission set forth in section 397.675, The petition is not shown to have been executed by a relative, guardian, private practitioner as defined in the law, the director or director's designee of a licensed service provider, or three adults with personal knowledge, Other (with text box, next element)</p>
<p>Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)</p>	<p>Other reason for denial</p>				<p>Text box</p>
<p>Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)</p>	<p>Judicial Order</p>				<p>Check box: 1) No ex parte order requiring stabilization and/or assessment shall be entered at this time; any request for such order is DENIED; 2) Hearing will be scheduled and conducted within 10 days hereof; 3) Hearing on this matter, and specifically on the issue of whether the above-named person should be assessed and/or stabilized, shall be conducted; 4) A copy of the petition and this order shall be provided to the above-named person shall be summoned to appear and is hereby ORDERED TO APPEAR at said hearing. A copy of this order shall be served on the petitioners, and the above named person's spouse or guardian, if known, and the parents if the above named person is a minor. Failure of the above-named person to appear at the hearing may result in an order to detain and contempt proceedings.</p>

Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Hearing Date					If Number 3 is checked above
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Hearing Time					If Number 3 is checked above
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Place of Hearing					If Number 3 is checked above
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	County					
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Judge Name					
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Judge Signature					
Order to Appear at Hearing and Denying Ex Parte Assessment/Stabilization (Statute 397.6815, 397.675)	Date Ordered					
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Respondent Name					
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	County					

Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Judicial Assignment					
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Case Number					
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Basis for Order					Check box: 1) Refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or the person is unable to determine for himself or herself whether examination is necessary; and 2) Without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself; such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and 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 3) There is a substantial likelihood that without care or treatment the person will cause serious bodily harm to himself or herself or others in the near future, as evidenced by recent behavior.

Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Judicial Order					Check box: 1) That the above-named person shall be discharged this date from any involuntary detention or treatment for substance abuse impairment pursuant to Chapter 397, Florida Statutes., 2) That the above-named person shall be admitted to the nearest receiving facility for involuntary examination, 3) _____ shall take the above-named person into custody and deliver said person to the nearest receiving facility for involuntary examination.
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act, 397.6818(1)	Name of agency charged with taking respondent into custody					If number 3 is checked, above.
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Date ordered					date
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Judge name					
Order Requiring Involuntary Examination Under the Baker Act and Discharge of Person under the Marchman Act (Statute 397.6818(1))	Judge Signature					text
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Respondent Name					
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	County					

Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Judicial Assignment					
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Case Number					
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Legal Representation Status					Check box:) Said person was represented by counsel; 2) The appointment of counsel was not deemed appropriate, or was waived
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Location to appear					
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Date to appear					
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Facility Name					
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Date ordered					date
Order for Involuntary Assessment Stabilization - Marchman Act (Statute 397.6818)	Judge name					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient Name					Marchman Act Assessment Workgroup said this is not filed with court
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient DOB					date
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient AGE					date
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient Gender					male/female

Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient ethnicity					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient Marital status					multi-value list box
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Patient current living situation					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Substance abuse history					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Current substance abuse					text / frequency & duration
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Drugs of choice					Check box: Alcohol, Cocaine, Marijuana, Opiates, Opioids, Amphetamines, Tranquilizers, Inhalants, Other w/ text field
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Family History of Alcohol abuse					yes/no
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Prior substance abuse or MH Treatment					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Diagnosis Code					
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Diagnosis Description					
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Current Medical/psychiatric status					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Cultural, social or spiritual issues					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Family/relationship issues					text

Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Other issues					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Withdrawal risk					check box - severe, moderate, mild, none
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Biomedical status					Check box: Stable with self-administration of meds, Stable with Medical monitoring or mobility assistance
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Impulse control					check box - very poor, poor, not a problem
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Drug related behavior					check box - significant, moderate, insubstantial
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Diagnosed personality disorder description					
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Diagnosed personality disorder code					
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Behavioral stability poor by hx					check box- short term, moderate, long term
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Treatment Attitude					Check box: Denies Abuse of Drugs, Denies Consequences of Use, Denies Endangering Others, Denies Endangering Self, Denies Need of Treatment
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Motivation					Check box: Patiently recently failed lower level of treatment, Within the past year, Patient relapsed shortly after treatment, Patient is chronic relapser post treatment

Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Relapse Potential					Check Box: No knowledge of triggers, No commitment to treatment, Imminent potential harm to self or others, Current Drug Cravings, Unable to Sustain Sobriety Post Treatment, Patient Showing Relapse Signs
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Recovery Environment					Check box: High Risk of Physical, Emotional or Sexual Abuse; Endemic Substance Abuse; Criminal Behavior/Violence/Abuse/Etc in Environment; Client prone to Isolation Enhanced by Environment
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Level of Care Determination					Check box: No Treatment, Outpatient, Intensive Treatment, Day Treatment, Residential Treatment, Short Term, Long Term
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Detox recommended					yes/no
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Specific recommendation					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Assessing clinician name					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Assessing Clinician Signature					
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Assessing Clinician Credentials					
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Date signed by Clinician					date
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Physician Name					text
Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Physician Signature					

Patient Demographic Information - Attached to Marchman Act Assessment and Stabilization Order	Date Signed by Physician					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Respondent Name					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	County					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Judicial Assignment					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Case Number					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Facility Name					text
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Facility Address					text
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Reason for withdrawal					Check box: Has made application by express and informed consent for voluntary admission; Was discharged on ____ to ____; Was transferred on ____ to ____; Was converted to Baker Act on ____; Other _____
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Date discharged					

Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Facility discharged to					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Date Transferred					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Facility Transferred to					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Date converted to Baker act					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	other reason for withdrawal					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Petition date					date
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Date signed					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Time signed					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Signature of Administrator or Designee					
Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Name of Administrator or Designee					

Notification of Court of Withdrawal of Petition for Hearing on Involuntary Treatment (Statute 397.693)	Person Served					Check box: Clerk of Court; Client; Guardian; Client's Attorney
Petition for Involuntary Treatment	Respondent Name					
Petition for Involuntary Treatment	Judicial Assignment					
Petition for Involuntary Treatment	County					
Petition for Involuntary Treatment	Division					
Petition for Involuntary Treatment	Petitioner name					
Petition for Involuntary Treatment	Respondent age					Radio Button: Adult/minor
Petition for Involuntary Treatment	Statement of substance abuse impaired					text
Petition for Involuntary Treatment	Statement of respondent losing the power of self control with respect to substance abuse					text
Petition for Involuntary Treatment	Description of how respondent has inflicted or is likely to inflict physical harm on self					text Date/time plus explanation
Petition for Involuntary Treatment	Respondent refused to voluntarily receive care					Radio Button: Yes/No if yes explain
Petition for Involuntary Treatment	Respondent has refused to submit to an assessment					Check box Yes/No if yes explain
Petition for Involuntary Treatment	Further allegations					Check box: check all that apply Track form: Number 3
Petition for Involuntary Treatment	Attorney Name					text
Petition for Involuntary Treatment	Attorney Status					Radio Button: None or unknown
Petition for Involuntary Treatment	Indigent status					check box: Has assets sufficient to pay fees; Does not have assets sufficient to pay fees; Unknown
Petition for Involuntary Treatment	Statement of relationship					Selected list - check box Multi-Value field : Spouse, Guardian, Any relative, Private Practioner, Service Provider director/designees, OR Any (3) adults having personal knowledge of the person's condition
Petition for Involuntary Treatment	Assessment					Yes/No
Petition for Involuntary Treatment	Findings and recommendations					Text

Petition for Involuntary Treatment	Date					
Petition for Involuntary Treatment	Petitioner Name					Multiple entries, relate name to signature and address
Petition for Involuntary Treatment	Petitioner Signature					
Petition for Involuntary Treatment	Petitioner Address					With phone
Petition for Involuntary Treatment	Verification of Petition					Notarization/Verification of documents electronically to be addressed by Court rule
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Respondent Name					
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Judicial Assignment					
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	County					
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Division					
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Type of Petition					Check Box: Involuntary Assessment and Stabilization; Involuntary Treatment; Renewal of Involuntary Treatment
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Judicial Order					Text

Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Date Ordered					
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Judge Name					
Order Dismissing Action on Petition for Involuntary Substance Abuse Assessment and/or Treatment (Statute 397.6818,397.6957, 397.6975)	Judge Signature					