



**COVER SHEET FOR MENTAL HEALTH FILINGS**

Please refer to the General Information sheet provided separately and advise which type of petition you are filing: (Check ONE of the following)

- \_\_\_\_\_ Petition for Involuntary Examination on Ex Parte Order (Baker Act)
- \_\_\_\_\_ (Court Hearing) Petition for Involuntary Assessment and Stabilization (Marchman Act)
- \_\_\_\_\_ (Detox) Petition for Ex Parte Order for Involuntary Assessment and Stabilization (Marchman Act)
- \_\_\_\_\_ Petition for Injunction for Protection Against Exploitation of a Vulnerable Adult

**INFORMATION AND INSTRUCTIONS FOR PREPARING YOUR PETITION:**

You are the Petitioner. The person you are filing on or against is the Respondent. All petitions must be notarized prior to filing. **You must provide a full Duval County address for the Respondent and you MUST provide the Respondent's date of birth.**

While in-person transactions are currently suspended, the Mental Health Department continues to process all petitions. Petition forms are also available [electronically](http://www.duvalclerk.com) at [www.duvalclerk.com](http://www.duvalclerk.com). Once completed and notarized, place your petition with this cover sheet in the drop box located in the Courthouse lobby to file your petition. The drop box is checked hourly. A Deputy Clerk will contact you **at the method you select below** as soon as possible to advise you of your case number, court date, if applicable, and the next steps in the process. Please ensure that the phone number provided is a safe number you can answer. If you feel you or the respondent are in immediate danger, call 911. If you need assistance with your petition, please do one of the following:

- 1) Submit an email to [MentalHealthInfo@DuvalClerk.com](mailto:MentalHealthInfo@DuvalClerk.com) or
- 2) Call (904) 255-1986

**FILER'S (PETITONER'S) NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **or EMAIL:** \_\_\_\_\_