IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT, DUVAL COUNTY, FLORIDA.

PETITION FOR WRIT OF HABEAS CORPUS

The Office of the Public Defender would move this Honorable Court to issue a Writ of Habeas Corpus directing River Point Behavioral Health to release who is being held illegally. As grounds in support thereof would state:

- This Court has jurisdiction pursuant to Section 394.459(8), Florida Statutes.
- 2. Client was admitted to River Point Behavioral Health on Tuesday and a Petition for Involuntary Placement was filed on Thursday
- Client is a six year old male, weighing less than 55 pounds and standing less than 4 feet tall. Client does not meet the criteria to support involuntary placement as he is not a threat to himself and has the support of family for treatment in a less restrictive placement. The Client has been under the care of psychiatrist in the community for year and a half. In addition to the psychiatrist care the Client sees a LMHC for therapy once a week for treatment. The Client is being treated for ADHD and DMDD.
- 4. The Petition for Involuntary Placement alleges facts to support an involuntary placement. However, Client denies that he is presently a danger to himself or to others and that he does not currently meet the criteria for continued placement.

and father, 5. Client has the support of his mother, In addition client has the support of extended family in his maternal grandparents. The child was transported from his elementary school on 6. River Point Behavioral Health by a 3rd party. This 3rd party Crisis Interventionist decided to send the child to River Point following an escalated episode by the Client. The mother was available to pick the child up from school but was never notified that the child was to be transported to the facility. The Client's mother has requested discharge of the child from River Point since 1pm on Tuesday, filed a written request for the Client's at 10am. discharge at 10am on Wednesday. The Petition for Involuntary Placement indicates (by check mark next to 7. pre-printed form statement) that Client is unable to determine for himself/herself whether placement is necessary, and there is substantial likelihood that in the near future said person will inflict serious bodily harm on himself/herself or another person as evidenced by recent behavior causing, attempting, or threatening such harm. The Petition fails to allege any less restrictive placement alternative. 8. The petition did not list any less restrictive alternative treatment 9. placements, yet Client has support from parents and family as well as a community based treatment provider and involuntary placement is not the least restrictive treatment available to him at this time. Client is not a threat to himself or others, nor will he neglect his mental or physical health, therefore, he does not meet the statutory criteria for involuntary placement pursuant to Florida Stature 394.497 and the accompanying rule (F.A.C. 65E-590). The Facility must discharge forthwith in compliance with F.S. 394.469, and Florida Administrative Code 65E-5.320.

Rule 65E-5.290(2), Florida Administrative Code, which governs involuntary inpatient placement petitions pursuant to Section 394.467, Florida Statutes, states: "Each criterion alleged must be substantiated by evidence." (Emphasis added). The terse, conclusory statements by the two psychiatrists do not constitute substantiated evidence for each of the involuntary placement criteria alleged in the petition. For example, section 394.467(1)b, Florida Statutes, requires that before there can be a commitment there must be a determination that less restrictive treatment alternatives that would offer an opportunity for improvement of Respondent's condition are judged to be inappropriate. There is no evidence in the petition establishing the lack of appropriate less restrictive treatment alternatives.

WHEREFORE, counsel for the patient requests this Honorable Court to issue a Writ of Habeas Corpus directing that the patient be released forthwith.

I HEREBY CERTIFY that a copy of the foregoing has been furnished to the facility, River Point, by hand, this _

Respectfully submitted,

MATT SHIRK PUBLIC DEFENDER

BY:

Stephanie Owens Jaffe, 0852790

Assistant Fublic Defender

Copies to: SAO, Mental Health Clerk's Office, River Point Behavioral Health

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT IN AND FOR DUVAL COUNTY, FLORIDA

DIVISION:	

Respondent	In re:	
,	Respondent	,

FACILITY'S NOTICE OF DISCHARGE OR TRANSFER AND NOTICE OF VOLUNTARY DISMISSAL OF PETITION FOR INVOLUNTARY PLACEMENT

The Petitioner,, administrator of
River Point Behavioral Health , a receiving treatment facility, gives
vritten notice pursuant to section 394.469, Florida Statutes, that the Respondent,
no longer meets the criteria for involuntary
lacement, and it has, as of, [check one]
☑ discharged the Respondent
I transferred the Respondent to voluntary status, or
placed Respondent on convalescent status in,
a community facility.
In addition, the Petitioner hereby files this Notice of Discharge or Transfer voluntarily
dismissing its Petition for Involuntary Placement.

	Printed Name if Administrator or Attorney for the	
	Receiving Treatment Facility	
	Signed Name of Administrator or Attorney for the Receiving Treatment Facility	
	River Point Behavioral Health	_[Address]
	6300 Beach Boulevard	_
	Jacksonville, Florida 32216	_
	(904) 724-9202	[Phone]
	CERTIFICATE OF SERVICE	
I hereb	y certify that I have provided a copy of this Notice of Disch	arge or
	y certify that I have provided a copy of this Notice of Disch following persons by United States mail on of	
	Printed Name if Administrator or Attorney for the Receiving Treatment Facility	
	following persons by United States mail on of Printed Name if Administrator or Attorney for the	
	Printed Name if Administrator or Attorney for the Receiving Treatment Facility Signed Name of Administrator or Attorney for the	
	Printed Name if Administrator or Attorney for the Receiving Treatment Facility Signed Name of Administrator or Attorney for the Receiving Treatment Facility	, 20
	Printed Name if Administrator or Attorney for the Receiving Treatment Facility Signed Name of Administrator or Attorney for the Receiving Treatment Facility River Point Behavioral Health	, 20

Copies:

Respondent

Respondent's Attorney Respondent's Guardian

Respondent's Guardian Advocate Respondent's Representative