

**BAKER ACT
(FOR EVALUATION PURPOSES ONLY; WHICH MAY LAST UP TO 72 HOURS)**

“Mentally Ill” means an impairment of the emotional processes, of the ability to exercise conscious control of one’s actions, or the ability to perceive reality or to understand, which impairment substantially interferes with a person’s ability to meet the ordinary demands of living, regardless of etiology; except that, for purpose of this act, the term does not include retardation or developmental disability as defined in chapter 393, simple intoxication, or conditions manifested only by antisocial behavior or drug addiction.

F.S. 394.463 Involuntary Examination

(1) Criteria – A person may be taken to a receiving facility for involuntary examination if there is reason to believe that he or she is mentally ill and because of his or her mental illness:

(a)1. The person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; or

(2) The person is unable to determine for himself or herself whether examination is necessary; and

(b)1. 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 in the near future, as evidenced by recent behavior.

Fees:

There is no filing fee for a Baker Act Petition. However, if the person requiring examination is transported by an ambulance service, the Petitioner and/or Patient may be responsible for the cost of the ambulance ride or for the cost of the evaluation if it is not covered by the patient's health insurance.

PROCEDURE:

- The Clerk will assist you in the preparation of the required pleadings. The Clerk cannot provide legal advice or instruct the petitioner as to what should be included in their statement.
- Once the required pleadings are complete, the Clerk will submit the file to the Judge for review.
- If the petition is granted, certified copies will be forwarded to the Sheriff for service. The Sheriff will coordinate transportation with the ambulance service if that service is necessary.
- The receiving facility may hold the person for up to 72 hrs. If it is determined that long-term placement is required, the receiving facility may file a petition for long-term placement.

UNLESS YOU DESIGNATE AN EMAIL ADDRESS. You MUST return the next business day to the closest Clerk's office with a valid form of identification to obtain a copy of your Order. You can NOT call as these cases are confidential.

INITIAL ONE:

I will return to pick up a copy of the Order: _____

I will designate an email address: _____

I, _____, the undersigned petitioner, acknowledge that I have read and received a copy of the above.

Signature

Date: _____

IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA

DIVISION: MENTAL HEALTH

CASE NUMBER: 05 - 20 - MH - -XXMH - BC

PATIENT NAME & ADDRESS:

BAKER ACT – MEMORANDUM TO LAW ENFORCEMENT

PATIENT INFORMATION

DOB: _____ AGE: _____

PHONE NUMBER(S): _____

OTHER LOCATIONS PATIENT CAN BE FOUND (list address(s) if known): _____

RACE: _____ SEX: MALE FEMALE

HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

COMPLEXION TYPE (Circle One): LIGHT MEDIUM DARK TAN RUDDY SKINTONE

MARKS/FEATURES (Circle ALL that apply): MUSTACHE GOATEE /BEARD GLASSES TATTOO/S

DRIVES? YES NO MAKE & MODEL OF AUTOMOBILE: _____

LICENSE PLATE NUMBER: _____

VIOLENT? YES NO

ANY WEAPONS? YES NO TYPE OF WEAPONS? _____

PETITIONER INFORMATION

PETITIONER'S NAME: _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBER(S): _____

RELATIONSHIP TO PATIENT: _____

Transport to one of the nearest facilities listed below:

Circles of Care, 400 E. Sheridan Rd., Melbourne FL (321) 722-5200 (Minors)

Circles of Care, 880 Airport Rd.,/Dr. Martin Luther King Jr. Blvd., Melbourne FL (321) 914-0644 (Adults)

Palm Point Behavioral Health, 2355 Truman Scarborough Way, Titusville FL (321) 603-6550 (Minors & Adults)

IN RE: _____ CASE NO.: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination

I, _____ being duly sworn, am filing this sworn statement requesting a court order for the
Print Name of Petitioner
involuntary examination of _____ (hereinafter referred to as
INDIVIDUAL). Print Name of Individual

This petition and affidavit will be included in the INDIVIDUAL's clinical record and may be viewed by the INDIVIDUAL.

I understand that by filling out this form, the INDIVIDUAL may be taken by law enforcement to a mental health facility for an examination.

I SWEAR that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. a. I live at: (Print Your Full Residence Address and Phone Number) Phone: (_____) _____
Street Address: _____ City _____ ST _____ Zip _____
- b. I work as a: (Occupation) _____ Work Phone: (_____) _____
Work Street Address: _____ City _____ ST _____ Zip _____
- c. The INDIVIDUAL lives at, or may be found at, the following address(es):
Street Address: _____ City _____
Street Address: _____ City _____
Street Address: _____ City _____

2. I have the following relationship with the INDIVIDUAL:

3. (Check the one box that applies)

- a. I or a family member have or have not previously made allegations to law enforcement involving this INDIVIDUAL on _____ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described: _____

- b. This INDIVIDUAL has or 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, etc. as described: _____

CONTINUED OVER

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2)

4. (Check the one box that applies)

- a. I or a family member are not now, and have not in the past, been involved in a court case with the INDIVIDUAL.
- b. I or a family member am now, or was, involved in a court case with the INDIVIDUAL. This case is/was a

_____ in _____
Type of Case When

Explain: _____

5. I am on good terms with the INDIVIDUAL at the present time. (Check one box) Yes No If "no", please explain:

6. I have known the INDIVIDUAL for _____ (how long).

- a. The INDIVIDUAL has only recently displayed unusual kinds of behavior.
- b. The INDIVIDUAL has, over a period of time, always acted in a strange manner.
- c. The INDIVIDUAL's behavior has developed over a period of time.

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

7. I have seen the following behavior which causes me to believe that there is a good chance that the INDIVIDUAL will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ am pm,

I saw the INDIVIDUAL:

8. Other similar behavior I have personally seen is as follows: _____

9. To my knowledge, I do I do not believe these actions were a result of retardation, developmental disability, intoxication, or conditions resulting from antisocial behavior or substance abuse impairment.

CHECK AND/OR ANSWER APPLICABLE SECTIONS

10. a. I have attempted to get the INDIVIDUAL to agree to seek assistance for a mental or emotional problem(s). I explained the purpose of the examination (describe when, who was present, and whether you or another person explained the need for the examination): _____

b. I did not try to get the INDIVIDUAL to agree to a voluntary examination because:

c. The INDIVIDUAL refused a voluntary examination because: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 3)

11. The following steps were taken to get the INDIVIDUAL to go to a hospital for mental health care:

These steps did not work because: _____

12. I believe that the INDIVIDUAL is unable to determine for himself/herself, why the examination is necessary because:

13. I believe that the INDIVIDUAL has a mental illness which will keep the INDIVIDUAL from being able to meet the ordinary demands of living because: _____

14. I believe that without care or treatment the INDIVIDUAL is likely to suffer from neglect or refuse to care for himself/ herself, because: _____

15. I believe that this lack of care or neglect will lead to the INDIVIDUAL hurting himself or herself because:

16. Can family or close friends now provide enough care to avoid harm to the INDIVIDUAL? Yes No, If not, why?

CONTINUED OVER

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 4)

Provide the following identifying information about the individual (if known) if it is determined necessary to take the individual into custody for examination:

County of Residence: _____ Age: _____

Sex: Male Female Race: _____ Attach a picture of the INDIVIDUAL if possible. Picture attached: No Yes

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Does the INDIVIDUAL have access to any weapons? No Yes If yes, describe: _____

Is the INDIVIDUAL violent now? No Yes Has the individual been violent in the recent past? No Yes If Yes, Describe: _____

Does the INDIVIDUAL have any pending criminal charges against him/her? No Yes If yes, describe: _____

GUARDIANSHIP:

1) Does the INDIVIDUAL have a legal guardian? No Yes

2) Is there a pending petition to determine the INDIVIDUAL's capacity and for the appointment of a guardian? No Yes
If YES to either of the above, provide the name, address and phone number of the current or proposed guardian.

Name: _____ Phone: (_____) _____

Address: _____ City: _____ Zip: _____

PHYSICIAN: Name: _____ Phone: (_____) _____

MEDICATIONS: Provide name of medications if known.

CASE MANAGEMENT: Provide name and phone number of case manager or case management agency, if known.

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 done in good faith may expose me to a penalty for perjury and other possible penalties under the statutes 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.

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me

OR

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, _____
Day Month Year

this _____ day of _____, _____
Day Month Year

by _____ who is personally known
to me or presented _____ as identification.

Clerk of Circuit Court
_____ County, Florida

Notary Public - State of Florida

By: _____
Deputy Clerk

My Commission expires: Date _____

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany the individual to the receiving facility.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____

Division: _____

Petitioner,

and

Respondent.

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, {full legal name}, _____, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____

{Apartment, lot, etc.} _____

{City}, _____, {State}, _____, {Zip} _____

{Telephone No.} _____ {Fax No.} _____

E-MAIL ADDRESS:

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

Secondary e-mail address No.1:

Secondary e-mail address No. 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 future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

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: _____
Telephone Number: _____
Fax Number: _____
E-mail Address(es): _____

I HAVE READ EVERY STATEMENT MADE IN THIS DOCUMENT AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

Signature of Petitioner
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____
Designated 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} _____, {zip code} _____, {telephone number} _____