

Moore Justice Center
2825 Judge Fran Jamieson Way
Viera, FL 32940
(321) 637-6547

05-20____ - ____ - _____ - xxxx-xx

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

Moore Justice Center
2825 Judge Fran Jamieson Way
Viera, FL 32940
(321) 637-6547

2. There is 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 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.

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

Signature

Date: _____

Moore Justice Center
2825 Judge Fran Jamieson Way
Viera, FL 32940
(321) 637-6547

REVISED 05/15/2018

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

DIVISION: MENTAL HEALTH

Case Number: 05 - - MH - - XXXX-XX

IN RE:

CLOCK IN

BAKER ACT - MEMORANDUM TO LAW ENFORCEMENT

MENTAL HEALTH NO.: _____

DOB: _____ AGE: _____ SS#: _____

PHONE NUMBER(S): _____

SECONDARY ADDRESS: _____

RACE: _____ SEX: Male Female

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

COMPLEXION: _____

MARKS/FEATURES: _____

DRIVES? Yes No

MAKE OF AUTOMOBILE: _____

LICENSE NO.: _____

REMARKS: VIOLENT? Yes No

ANY WEAPONS? Yes No

WHAT TYPE? _____

PETITIONER'S NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER(S): _____

RELATIONSHIP TO PATIENT: _____

ALTERNATE MAILING ADDRESS: _____

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./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)

Rockledge Regional Medical Center, 110 Longwood Ave., Rockledge, FL (321)636-2211 (Adults)

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR BREVARD COUNTY, FLORIDA

CASE NO.: 05- -MH- -XXXX-XX

IN RE: _____

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 involuntary examination of _____ (hereinafter referred to as PERSON).

This Petition and Affidavit will be included in the PERSON's clinical record and may be viewed by the PERSON.

I understand that by filling out this form, the PERSON 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 PERSON 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 PERSON: _____

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 PERSON on _____ (Date) such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, neighborhood disputes, etc. as described: _____

☐ b. This PERSON ☐ 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: _____

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 PERSON.

- ☐ b. I or a family member am now, or was, involved in a court case with the PERSON.
This case is/was a _____
(type of case) in _____ (when)

Explain: _____

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

6. I have known the PERSON for _____ (how long).
☐ a. The PERSON has only recently displayed unusual kinds of behavior.
☐ b. The PERSON has, over a period of time, always acted in a strange manner.
☐ c. The PERSON'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 PERSON will cause serious bodily harm to himself/herself or others. On _____ at approximately _____ am/pm, I saw the PERSON:

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

9. ☐ To my knowledge or belief, ☐ 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 PERSON 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 PERSON to agree to a voluntary examination because:

- ☐ c. The PERSON refused a voluntary examination because: _____

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

These steps did not work because: _____

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

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

14. I believe that without care or treatment, the PERSON 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 PERSON hurting himself or herself because: _____

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

Provide the following identifying information about the person (if known) if it is determined necessary to take the person into custody for examination:			
County of Residence:		Age:	
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Attach a picture of the PERSON if possible.	Picture attached: <input type="checkbox"/> No <input type="checkbox"/> Yes
Height:	Weight:	Hair Color:	Eye Color:
Does the PERSON have access to any weapons? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
Is the PERSON violent now? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the person been violent in the recent past? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, Describe:			
Does the PERSON have any pending criminal charges against him/her? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:			
GUARDIANSHIP:			
1) Does the PERSON have a legal guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes			
2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? <input type="checkbox"/> No <input type="checkbox"/> 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 _____, _____

this _____ day of _____, _____

by _____ who is personally known

Clerk of Circuit Court to me or presented

_____ as identification.

_____ 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 person to the nearest receiving facility.