

CONFIDENTIAL INFORMATION
FOR SHERIFF'S OFFICE USE ONLY REVISED

PLEASE CIRCLE ONE
BAKER ACT (F.S. 394.451) - SUBSTANCE ABUSE (F.S. 397.301)

PLEASE ANSWER "ALL" QUESTIONS - WRITE N/A FOR ALL THAT DO NOT APPLY

CASE NO: _____

SUBJECTS NAME: _____ **DOB/AGE:** _____ **RACE/SEX:** _____

HEIGHT _____ **WEIGHT** _____ **HAIR** _____ **EYES** _____ **SCARS, TATTOOS** _____

WHERE CAN WE LOCATE SUBJECT HM OR POE: _____

WILL THERE BE ANYONE HOME/POE WITH SUBJECT: _____

ARE THERE ANY OUTSTANDING CHARGES AGAINST THE SUBJECT? YES _____ **NO** _____

DATE OF CHARGES: _____ **DATE OF ARREST:** _____

ARE THERE ANY PROBATE OR DOMESTIC ACTIONS PENDING AGAINST THE SUBJECT? _____

DO YOU HAVE GUARDIANSHIP OVER THE SUBJECT? YES: _____ **NO:** _____

IS THIS THE FIRST SUBSTANCE ABUSE ACT FOR THE SUBJECT? _____

IF NOT; DATE AND PLACE OF ACTION: _____

HAS THE PATIENT SEEN A PSYCHOLOGIST OR PHYSICIAN? YES: _____ **NO:** _____

DATE LAST SEEN: _____ **DOCTOR'S NAME:** _____

IS THE SUBJECT CURRENTLY TAKING THEIR PRESCRIBED MEDICATION: _____

DOES SUBJ HAVE ANY KNOWN COMMUNICABLE DISEASES? _____

HAS THE SUBJECT EVER DISPLAYED SUICIDAL TENDENCIES: _____

IS THE SUBJECT ON ANY MEDICATION THAT WOULD AFFECT HIS/HER CURRENT CONDITION:

_____ **IS THE SUBJECT VIOLENT:** _____

DOES SUBJECT OWN ANY WEAPONS: _____

WHERE ARE THEY KEPT? _____

WHEN WAS HE/SHE LAST SEEN: _____ **THEIR PH NO:** _____

WHAT WAS HE/SHE WEARING: _____

PETITIONERS NAME: _____ **RELATIONSHIP:** _____

IF FRIEND, HOW LONG HAVE YOU KNOWN THE PATIENT: _____

PH NUMBER (HOME) _____ **(CELL)** _____ **(WORK)** _____

HOME ADD & POE: _____

Cover Sheet to Agency for Health Care Administration

This form must be completed, attached to each Ex Parte Order for Involuntary Examination (with petitions), Report of Law Enforcement Officer Initiating Involuntary Examination, and Certificate of Professional Initiating Involuntary Examination and sent by the Receiving Facility within one working day of the patient's arrival at the facility to:

**BA Reporting Center
FMHI – MHC 2618
13301 Bruce B. Downs Blvd.
Tampa, FL 33612-3807**

Identifying Information about the patient (if known)

Name:

Patient's Address:

City: County: State: Zip Code:

Social Security No. - - Sex: Male Female

Date of Birth (mm/dd/yyyy): Race:

Name of Receiving Facility: License #:

Receiving Facility Address:

City: County: State: Zip Code:

Name of Person Completing Form:

Date Sent to AHCA (mm/dd/yyyy):

Date Patient Arrived at Facility (mm/dd/yyyy):

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

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
Print Name of Petitioner
for the involuntary examination of _____ (hereinafter referred to as PERSON).
Print Name of 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

_____ in _____
Type of Case 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,
Date Time

I saw the PERSON: _____

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

9. To my knowledge or belief, I do or 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:	Date of Birth:
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 _____, _____
Day Month Year

this _____ day of _____, _____
Day Month Year

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

Clerk & Comptroller
St. Lucie 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.