

Baker Acts

Clerks of Court accept petitions for Baker Act (Chapter 394, Florida Statutes) and Marchman Act (Chapter 397, Florida Statutes) to protect individuals and families dealing with mental health and substance abuse issues.

Florida's Baker Act provides individuals with emergency services and temporary hold for up to 72 hours for a mental health examination.

What is the Baker Act?

The Florida Mental Health Act, commonly referred to as the Baker Act, focuses on crisis services for individuals with mental illness, much like an emergency department is for individuals experiencing a medical emergency.

What are the criteria for a Baker Act?

An individual may be taken to a receiving facility for involuntary examination under the Baker Act if:

- There is reason to believe he/she has a mental illness, and due to the mental illness, the individual has refused or is unable to determine if an examination is necessary; and either;
 - Without care or treatment, the individual is unlikely to care for themselves, which can result in substantial harm to their well-being, and it is not evident that harm can be avoided through familial intervention or other services; or
 - It is likely, based on recent behavior, that without treatment, the individual will pose a serious threat to themselves or others.

CASE NUMBER: _____

PERSON TO BE SERVED: _____

LAST KNOWN LOCATION:

DATE OF BIRTH: _____

SEX: _____

RACE: _____

HEIGHT: _____

WEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

SPECIAL INSTRUCTIONS TO P.C.S.O.: _____

PETITIONER'S MAILING ADDRESS AND PHONE NUMBER:

PETITIONER'S SIGNATURE: _____

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT, IN AND FOR
PUTNAM COUNTY, FLORIDA

IN RE: _____ CASE NO. _____

**PETITION AND AFFIDAVIT SEEKING EX PARTE ORDER REQUIRING INVOLUNTARY
EXAMINATION**

I, _____, being duly, am filing this sworn statement requesting a court order for the
involuntary examination of _____ (hereinafter referred to as INDIVIDUAL).
Print Name of Petitioner
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 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 full residence address): Phone (including area code): _____
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 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: _____

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
date time

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: _____

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 of 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?

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: ☐ Yes ☐ No

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

Does the INDIVIDUAL have access to any weapons? ☐ Yes ☐ No

If yes, please describe: _____

Is the INDIVIDUAL violent now? ☐ Yes ☐ No

If yes, please describe: _____

Has the INDIVIDUAL been violent in the recent past? ☐ Yes ☐ No

If yes, please describe: _____

Does the INDIVIDUAL have any pending criminal charges against him/her? ☐ Yes ☐ No

If yes, please describe: _____

Guardianship:

1. Does the INDIVIDUAL have a legal guardian? ☐ Yes ☐ No

2. Is there a pending petition to determine the INDIVIDUAL's capacity and to appoint a guardian? ☐ Yes ☐ No

If yes to either of the above, provide the name, address and phone number of the current proposed guardian:

Name: _____ Phone: _____

Address _____

City _____

State _____

Zip _____

Physician's Name: _____ Phone: _____

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 and subscribed before me on _____, by _____
(name), who is ☐ personally known to me ☐ produced _____ (document) as identification
and who took an oath.

Notary Public/Deputy Clerk

Name: _____

Commission No. _____

My Commission Expires: _____

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.