



# Report of Law Enforcement Officer Initiating Involuntary Examination

State of Florida, County of \_\_\_\_\_, Florida

I, \_\_\_\_\_, am a law enforcement officer certified by the State of Florida.

In my opinion, \_\_\_\_\_ appears to meet the following criteria for involuntary examination:

1. I have reason to believe said individual has a mental illness as defined by s. 394.455(28), Florida Statutes:

“Mental illness” means an impairment of the mental or emotional processes that exercise conscious control of one’s actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person’s ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in Chapter 393, F.S., intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

**AND** because of the mental illness (check all that apply):

- a. Individual has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **OR**
- b. Individual is unable to determine for himself/herself whether examination is necessary; **AND**

2. Either (check all that apply):

- a. Without care or treatment said individual is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/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,**
- b. There is substantial likelihood that without care or treatment the individual will cause serious bodily harm to (check one or both)  **self**  **others** in the near future, as evidenced by recent behavior.

Was the examination initiated in the officer’s capacity as a school resource officer? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This individual was transported directly to a Baker Act Receiving Facility. ....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This individual was transported from an emergency department (ED) to a Baker Act Receiving Facility. .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This individual was first transported to an ED to address a medical issue.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the law enforcement officer initiating this examination completed a 40-hour Crisis Intervention Team (CIT) training program? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Circumstances supporting the belief the criteria are met, including specific information about the individual’s behavioral health issues, threats and actions, and information offered by others. If school personnel are involved, please describe the nature of their involvement.

\_\_\_\_\_  
Signature of Law Enforcement Officer

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Time (of transfer of custody from law enforcement officer to provider)  am  pm

\_\_\_\_\_  
Printed Name of Law Enforcement Officer

\_\_\_\_\_  
Full Name of Law Enforcement Agency (printed)

\_\_\_\_\_  
Badge or ID Number

\_\_\_\_\_  
Law Enforcement Case Number

# Transportation to Receiving Facility

## Part I: General Information

The circumstances, under which (Name of Person) \_\_\_\_\_ was taken into custody are as follows:

Time: \_\_\_\_\_ am pm Date: \_\_\_\_\_

Place or Facility Name: \_\_\_\_\_

Pick Up Address: \_\_\_\_\_

Family members or others present when person was taken into custody			
Name	Address	Relationship	Phone Number
Next of Kin (if known)			

Indicate personal knowledge by family members and others about the person's condition.

Delivered to (Nearest Receiving Facility): \_\_\_\_\_

Basis for Custody: (Check one)  Ex Parte Order  Certificate of Mental Health Professional  Report of Law Enforcement Officer

\_\_\_\_\_  
Signature of Law Enforcement Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_ am pm

\_\_\_\_\_  
Printed Name of Law Enforcement Officer

\_\_\_\_\_  
Full Name of Law Enforcement Agency

\_\_\_\_\_  
Badge or ID Number

\_\_\_\_\_  
Law Enforcement Case Number

**CONTINUED OVER**

**Part II - Used When Law Enforcement Consigns Persons to Contract Transport (Page 2)  
or to Emergency Medical Personnel**

If transport is used due to the medical condition of the person or due to a county-funded contract with a transport company, print the name of the company \_\_\_\_\_ which will transport the person to the nearest emergency room in the case of a medical emergency or, if not a medical emergency, to the nearest designated receiving facility \_\_\_\_\_.  
(specify facility to which person is to be taken)

The law enforcement agency and the transport service must agree that the continued presence of law enforcement personnel is not expected at the time of consignment to be necessary for the safety of the person or others.

I, \_\_\_\_\_ of the \_\_\_\_\_  
Printed Name of Law Enforcement Officer Printed Name of Law Enforcement Agency

**and**

I, \_\_\_\_\_ of the \_\_\_\_\_  
Printed Name of Medical Transport Service Representative Printed Name of Medical Transport Service

agree that the continued presence of the law enforcement agency is not expected to be necessary for the safety of \_\_\_\_\_ or others. By affixing my legal signature and date/time of signing below, I understand that continued transporting of the person named above to a receiving facility is no longer the responsibility of law enforcement agency. The responsibility is assumed by the medical transport service in accordance with s. 394.462 (1), F.S.

\_\_\_\_\_  
Signature of Law Enforcement Officer Date Signed \_\_\_\_\_ Time Signed \_\_\_\_\_ am pm

\_\_\_\_\_  
Signature of Representative of Medical Transport Service Date Signed \_\_\_\_\_ Time Signed \_\_\_\_\_ am pm

**This form must be delivered with the person to the receiving facility for inclusion in the clinical record. A copy may be retained by the law enforcement agency and by the medical transport service.**