



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 person has a mental illness pursuant to Section 394.455(18), F.S., and because of the mental illness (check a or b):
 - a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; **OR**
 - b. Person is unable to determine for himself/herself whether examination is necessary; **AND**
2. Either (check all that apply):
 - a. Without care or treatment said person 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; **AND/OR**,
 - b. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both) self others in the near future, as evidenced by recent behavior.

Circumstances supporting this opinion, including specific information about the person's behavior, threats and actions and information offered by others:

Signature of Law Enforcement Officer	Date	Time	<input type="checkbox"/> am	<input type="checkbox"/> pm
Printed Name of Law Enforcement Officer	Full Name of Law Enforcement Agency			
Badge or ID Number	Law Enforcement Case Number			



TRANSPORTATION TO RECEIVING FACILITY

Part I: General Information

The circumstances under which _____ 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)			
Name	Address	Relationship	Phone Number

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

Delivered to (nearest receiving facility): _____

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

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