

BAKER ACT INFORMATION

IMPORTANT NOTICE: THE FOLLOWING INFORMATION APPLIES TO THE STATE OF FLORIDA ONLY.

- **What is a Baker Act?**

A Baker Act is a means of providing individuals with emergency services and temporary detention for mental health evaluation and treatment when required either on a voluntary or an involuntary basis.

- **How are voluntary and involuntary Baker Act Admissions different?**

A **voluntary** Baker Act is when a person 18 years of age or older, or a parent or guardian of a person 17 or under, makes application for admission to a facility for observation, diagnosis or treatment.

An **involuntary** Baker Act is when a person is taken to a receiving facility for involuntary examination when there is reason to believe that he or she is mentally ill and because of his or her mental illness, the person has refused voluntary examination; the person is unable to determine for himself or herself whether examination is necessary and without care or treatment, the person is likely to suffer from neglect or refuse to care for himself or herself and such refusal could pose a threat of harm to his or her well being; and there is a substantial likelihood that without care or treatment, the person will cause serious bodily harm to himself, herself or others in the near future as evidenced by recent behavior.

- **Are there other criteria to know if a Baker Act is appropriate?**

Yes, there is an additional criterion for a voluntary and involuntary Baker Act not included here. For example, a law enforcement officer may transport an individual to a facility for evaluation if there is reason to believe that the individual's behavior meets statutory guidelines for involuntary examination.

- **What is an ExParte Petition for Involuntary Examination?**

If you are willing to swear in a Petition for Involuntary that you have personally witnessed an individual causing harm to themselves or other, an "Exparte" Petition for an Involuntary Examination can be completed at the Clerk's Office, Circuit Civil Division, at the Okaloosa County Courthouse in Crestview or at the Okaloosa County Courthouse Annex Extension in Fort Walton Beach.

- **What is the procedure for filing the Petition and Affidavit Seeking ExParte Order Requiring Involuntary Examination?**

A family member or interested person may fill out the petition and affidavit in the Clerk's Office. You will need to provide proper identification and have personally witnessed the individual's actions.

- **What happens if the person is a minor?**

For these proceedings, an individual is considered a minor if he or she is 15 years of age or younger. Individuals over 17 years of age are not considered minors for these types of proceedings and will be treated the same as an adult.

- **What happens after I file the Petition and Affidavit?**

Your sworn affidavit will be reviewed by the court. If the court believes, based on the evidence provided in the petition and affidavit, the judge will enter an order for the sheriff to pick up and transport the person to the nearest receiving facility.

- **Will I be able to talk to the Judge?**

No. The clerk will present the petition to the judge for his or her review. If the judge finds that there is sufficient cause, he or she will enter an order directing the Okaloosa County Sheriff's Office to transport the person to the appropriate facility.

- **When will the order be served on the person?**

The sheriff will make every attempt to take the person into custody and transport the person to a facility. If the person cannot be located by the sheriff, the sheriff will hold the order for seven (7) days and continue attempts to take the person into custody.

- **Will the person know that I did this?**

Yes. The Sheriff's Office serves the person with a copy of the petition and the order entered by the Judge. The mental health receiving facility is also given copies and they become part of the person's records at that facility. If the patient requests to see his or her records, the facility must allow access.

- **How long will the order hold the person in a facility?**

The patient is examined and a determination is made as to whether they need further treatment. The patient may be held for up to 72 hours at the facility. Then, one of

three things must happen: 1) the facility must discharge the individual; 2) the facility must allow the individual to sign in voluntarily (if the individual is able to consent); or 3) the facility must file a Petition for Involuntary Placement and request a hearing.

- **Who can I call for more information?**

For more information, call Clerk's Office (850) 689-5000, ext 3346.

For information where the individual in need resides in another county or state, you should call a Clerk of Court in that county or state.

- **Complete all the paperwork in pen**
- **Do not sign forms (The Clerk will instruct you where to sign)**
- **Do not write on the back of forms**

THE CLERK'S OFFICE CANNOT GIVE YOU ANY LEGAL ADVICE

You will need to bring some form of identification.

Where can I look for more information?

Florida Statutes 394.463

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA 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 for the

Print Name of Petitioner
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:

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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, 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:

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

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?

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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 : Male Female Race: _____ Attach a picture of the PERSON if possible. Picture attached: No Yes

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

Does the PERSON have access to any weapons? No Yes If yes, describe: _____

Is the PERSON violent now? No Yes Has the person been violent in the recent past? No Yes If Yes, Describe: _____

Does the PERSON have any pending criminal charges against him/her? No Yes If yes, describe: _____

GUARDIANSHIP:

1) Does the PERSON have a legal guardian? No Yes

2) Is there a pending petition to determine the PERSON's capacity and for the appointment of a guardian? No 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: _____

<p>SWORN TO AND SUBSCRIBED before me</p> <p>this _____ day of _____, _____</p> <p style="padding-left: 40px;">Day Month Year</p> <p>by _____ who is personally known</p> <p>to me or presented _____ as identification.</p> <p>_____ Notary Public - State of Florida</p> <p>My Commission expires: Date _____</p>	OR	<p>SWORN TO AND SUBSCRIBED before me</p> <p>this _____ day of _____, _____</p> <p style="padding-left: 40px;">Day Month Year</p> <p>Clerk of Circuit Court</p> <p>_____ County, Florida</p> <p>By: _____ Deputy Clerk</p>
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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.

“If you are a person with disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact:

Court Administration, ADA Liaison

Okaloosa County

1940 Lewis Turner Boulevard

Fort Walton Beach, Florida 32547

Phone (850) 609-4700 Fax (850) 651-7725

ADA.Okaloosa@flcourts1.gov

At least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.”

Threat to Law Enf: Yes _____ No _____ Guns: Yes _____ No _____ Type _____

OKALOOSA COUNTY SHERIFF'S OFFICE

SERVICE INFORMATION INJUNCTION FOR PROTECTION

The following information is **REQUIRED** to help the Sheriff's Office in serving the **RESPONDENT** as soon as possible. THIS INFORMATION WILL NOT BE PROVIDED TO THE RESPONDENT. (Respondent is the person you are getting the injunction against).

RESPONDENT'S FULL NAME: _____

If the respondent is a minor, enter the minor's name (First, Middle, Last)

CURRENT ADDRESS OR LOCATION: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

DOB: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____ SSN#: _____

EYE COLOR: _____ HAIR COLOR: _____ DISTINGUISHING MARKS: _____

RACE: (check one) WHITE ___ BLACK___ AMERICAN INDIAN ___ PACIFIC ISLANDER___ ASIAN___ OTHER___

PLACE OF EMPLOYMENT: _____

ADDRESS: _____ WORK DAYS AND HOURS: _____

VEHICLE: MAKE: _____ MODEL: _____ COLOR: _____ TAG#: _____

IS HE/SHE CURRENTLY IN JAIL? NO: _____ YES: _____ IF SO, WHERE? _____

PLEASE LIST ANY OTHER LOCATIONS THE RESPONDENT MAY BE LOCATED. SUGGEST OTHER LOCATIONS SUCH AS RELATIVES, FRIENDS, ADDRESSES, HANGOUTS, ETC. _____

INFORMATION WHERE THE SHERIFF'S OFFICE CAN REACH YOU

YOUR FULL NAME: _____

If filing on behalf of a minor, enter minor's name (first, Middle, Last)

PLACE OF EMPLOYMENT: _____

SEX: _____ RACE: _____ DOB: _____ SSN# _____

RELATIONSHIP TO RESPONDENT: _____

(Spouse, Brother, Sister, Child in common, etc.)

YOUR ADDRESS: _____

In a Shelter House or the address, you will be living while this injunction is in force)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

I GIVE PERMISSION TO USE THE FOLLOWING EMAIL ADDRESS: _____

**IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT,
IN AND FOR OKALOOSA COUNTY, FLORIDA**

Plaintiff/Petitioner

Case: _____

Defendant/Respondent

**DESIGNATION OF E-MAIL ADDRESS FOR A PARTY NOT REPRESENTED BY AN
ATTORNEY**

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C), I _____,
designate the e-mail address(es) below for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and the opposing party or parties notified of my current e-mail address(es) and that all copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

(Designated e-mail address) _____

(Secondary designated e-mail address(es) (if any)) _____

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the Clerk of Court for Okaloosa County and

(Insert name(s) and address(es) of parties used for service)

Printed Name

E-Mail Address

Mailing Address

Phone Number

ACKNOWLEDGMENT CASE

NO. _____
Clerk of Courts Office Only

If the Petition has been approved by the Judge, the order will have the date and time of my hearing. I understand that the Clerk of Court cannot provide me with the hearing date over the phone. If the Petition has been denied by the Judge, the order will state the reason why.

If I do not appear at my hearing, I understand that the Court may contact me &/or may dismiss my case.

Authorization of Delivery by E-mail

I have been advised that by providing the designated e-mail address below, I am authorizing the Clerk of Court to e-mail all documents related to this case, including but not limited to the Petition and any such order that is entered.

- OR -

Personal Delivery

I have also been advised that by choosing not to provide an e-mail address, it is my responsibility to contact the Clerk of Court's office by close of business day to see if the Petition has been approved or denied. If approved, I must return to the Clerk's office in person within 2 business days to pick up my documents, including but not limited to the Petition and any order that is entered.

My designated e-mail address is: _____

My contact phone number is: _____

Printed Name

Signature

Sworn and subscribed before me this _____ day of _____, 20.

BRAD E. EMBRY
Clerk of the Circuit Court

By: _____
Deputy Clerk

cc: petitioner