

# **\*\*IMPORTANT\*\***

It is strongly recommended that you file your paperwork **DURING MORNING BUSINESS HOURS** to allow sufficient time during the day for the court to review your request.

For after hour emergency services, please contact your respective Domestic Violence Center:

**Washington County Sheriff's Office**

Victim Advocate – 850-638-6184

24 Hour Line – 850-638-6111

**Salvation Army**

24 Hour Crisis Line – 850-763-0706

Rural Advocate (Trish Vicars) – 850-740-9611

# BAKER ACT

IN THE CIRCUIT COURT OF THE **FOURTEENTH** JUDICIAL CIRCUIT  
IN AND FOR **WASHINGTON** 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  
involuntary examination of \_\_\_\_\_ (hereinafter referred to as PERSON).  
Print Name of Petitioner  
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,

Date Time

I saw the PERSON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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:

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These steps did not work because: \_\_\_\_\_

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12. I believe that the PERSON is unable to determine for himself/herself, why the examination is necessary because:

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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: \_\_\_\_\_

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14. I believe that without care or treatment the PERSON is likely to suffer from neglect or refuse to care for himself/ herself, because: \_\_\_\_\_

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15. I believe that this lack of care or neglect will lead to the PERSON hurting himself or herself because:

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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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**CONTINUED OVER**

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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: \_\_\_\_\_

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 of Circuit Court  
\_\_\_\_\_ 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 receiving facility.**