

## **INSTRUCTIONS FOR FILING BAKER ACT PETITIONS**

### **(INVOLUNTARY EXMINATION ON EX PARTE ORDER)**

THE BAKER ACT IS FILED ON THE ALLEGED WHO HAVE SUDDENLY BECOME IRRATIONAL WITH THREATS TO THEMSELVES OR OTHERS. THE PETITIONER MUST HAVE EITHER OBSERVED OR HEARD THESE THREATS.

THE BAKER ACT IS NOT TO BE USED FOR SUBSTANCE ABUSERS UNLESS THE PERSON IS UNSTABLE WHILE UNDER THE INCLUENCE AND THREATENING SUICIDE OR HARM TO OTHERS.

THE ALLEGED MUST BE A RESIDENT OF CLAY COUNTY, FLORIDA. THE PETITIONER MUST BE A BLOOD RELATIVE OR (3) NON-RELATIVES. A SPOUSE CANNOT FILE A BAKER ACT IF THERE IS A HISTORY OF DOMESTIC VIOLENCE, ONGOING DISSOLUTION OF MARRIAGE, DIVORCE OR DEPENDENCY ACTION INVOLVING THE ALLEGED.

THE ALLEGED CANNOT CURRENTLY BE INCARCERATED OR ON PROBATION.

THE PETITION AND ORDER WILL BE PRESENTED TO THE ASSIGNED JUDGE. IF THE JUDGE SIGNS THE ORDER THEN THE ORDER WILL BE TAKEN TO THE CLAY COUNTY SHERIFF'S OFFICE. CCSO WILL PICK UP THE ALLEGED AND HE/SHE WILL BE TRANSPORTED TO THE ORANGE PARK MEDICAL CENTER FOR EVALUATION. THE ALLEGED CAN BE DETAINED FOR UP TO (3) DAYS PER THE EX PARTE ORDER.

IT IS UP TO ORANGE PARK MEDICAL CENTER TO FILE AN EXTENSION WITH THE COURT IF THEY FEEL THE ALLEGED WILL REQUIRE A LONGER EVALUATION.

THE COURT HAS NO PART IN THE EVALUATION OR THE DETERMINATION OF MENTAL CAPACITY.

IN THE CIRCUIT COURT IN AND FOR THE  
FOURTH JUDICIAL CIRCUIT, CLAY COUNTY,  
FLORIDA

CASE NO. \_\_\_\_\_

IN RE:

PETITION FOR INVOLUNTARY EXAMINATION ON EX PARTE ORDER

The undersigned, \_\_\_\_\_, Petitioner respectfully applies for the entry of an ex parte order for involuntary examination, pursuant to Chapter 394.463(2)(a) 1, of \_\_\_\_\_ residing at \_\_\_\_\_, at a receiving facility for the mentally ill as provided by law and in support of my petition would show unto the Court that I have personally observed the behavior and conduct of \_\_\_\_\_ and I have reason to believe that the person appears to meet the following criteria for involuntary examination:

- (a) There is reason to believe said person is mentally ill pursuant to Chapter 394.455(3) F.S., and
- (b) Said person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; and
- (c) Said person is unable to determine for himself whether examination is necessary, and;
- (d) Either (check 1 or 2)

1. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself, and such neglect or refusal poses a real and present threat of substantial harm to the person's well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends of the provision of other services; or

2. It is more likely than not that in the near future said person will inflict serious, unjustified bodily harm on another person, as evidenced by behavior causing, attempting, or threatening such harm, including at least once incident thereof within 20 days prior to the examination.

My observations on which the above conclusion is based are: SEE ATTACHED STATEMENT

I am related to said person as follows: \_\_\_\_\_

Wherefore, I petition for the entry of an ex parte order for involuntary examination of said person.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at Clay County, Florida.

Address:

Sworn to and subscribed before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

INFORMATION SHEET FOR PAPER SERVER

In re: \_\_\_\_\_

Case No: \_\_\_\_\_

1. SUBJECT TO BE SERVED: \_\_\_\_\_

2. PLACE TO BE SERVED: \_\_\_\_\_

3. BEST TIME FOR SERVICE: (HOME) (WORK)  
\_\_\_\_\_

4. PHONE NUMBER: (HOME) (WORK)  
\_\_\_\_\_

5. PLACE OF EMPLOYMENT: \_\_\_\_\_

6. PHYSICAL DESCRIPTION: RACE: SEX:  
DOB: AGE:  
EYES: HAIR:  
HEIGHT: WEIGHT:

7. PHONE NUMBER OF PETITIONER: \_\_\_\_\_

COMMENTS: