

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (BAKER ACT)

I, _____, being duly sworn, am filing this sworn statement requesting a court Order for
Print Name of Petitioner

the involuntary examination of _____ (hereinafter referred to as RESPONDENT).
Print Name of Respondent

This petition and affidavit will be included in RESPONDENT's clinical record and may be viewed by RESPONDENT.

I understand that, by filling out this form, RESPONDENT may be taken by law enforcement to a mental health treatment facility for an examination.

I SWEAR or ARRIRM that the answers to the following questions are given honestly, in good faith, and to the best of my knowledge.

1. My contact information: Phone: () _____ Email: _____

Address: _____
Street Address City State Zip Code

Alternate Phone: () _____

2. RESPONDENT's contact information: Phone: () _____ Email: _____

RESPONDENT lives at, or may be located at, the following address(es):

Address: _____
Street Address City State Zip Code

Address: _____
Street Address City State Zip Code

Address: _____
Street Address City State Zip Code

3. I have the following relationship with RESPONDENT: _____

4. I or a family member ☐ have **OR** ☐ have not previously made allegations to law enforcement involving RESPONDENT on (date) _____ such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, Marchman Act, etc. Please describe:

5. RESPONDENT ☐ has **OR** ☐ has not previously made allegations to law enforcement involving me or any member of my family on (date) _____ such as domestic violence, trespassing, battery, child abuse or neglect, Baker Act, Marchman Act, etc. Please describe:

6. Check the one box that applies:

☐ a. Neither I, nor any member of my family, are currently or have previously been involved in any other court case involving the RESPONDENT.

☐ b. I am or a member of my family is, or was previously, involved in a court case with RESPONDENT.

This case is/

was a _____ in _____
Type of Case When

Explain: _____

7. I have known RESPONDENT for (how long): _____, AND (check the one box that applies):

- ☐ RESPONDENT has only recently displayed unusual kinds of behavior.
- ☐ RESPONDENT has, over a period of time, always acted in a strange manner.
- ☐ RESPONDENT's behavior has developed over a period of time.

8. Check the one box that applies:

- ☐ a. I am on good terms with the RESPONDENT.
- ☐ b. I am not on good terms with the RESPONDENT.

Explain: _____

COMPLETE THE FOLLOWING ONLY IF THE SECTION APPLIES TO THIS CASE:

9. I have seen the following behavior, which causes me to believe that there is a substantial likelihood that without care or treatment, RESPONDENT will cause serious bodily harm to themselves or others in the near future.

On _____ (date) at approximately _____ (time), I saw RESPONDENT:

10. Other similar behavior I have personally seen is as follows:

11. To the best of my knowledge, ☐ I do **OR** ☐ I do not believe these actions were a result of intellectual disability, developmental disability, traumatic brain injury, or dementia.

12. I believe that RESPONDENT has a mental illness because:

13. I believe that without care or treatment, the RESPONDENT is likely to suffer from neglect or refuse to care for themselves because:

14. I believe that this neglect, or refusal, poses a real and present threat of substantial harm to RESPONDENT's well-being because:

15. Check the boxes that apply:

☐ a. I have attempted to get the RESPONDENT 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 RESPONDENT to agree to a voluntary examination because:

☐ c. RESPONDENT refused a voluntary examination because:

16. I believe that RESPONDENT is unable to determine for themselves why the examination is necessary because:

17. I have taken the following steps to try to get the RESPONDENT to go to a hospital for mental health care:

These steps did not work because:

18. Can willing, able, and responsible family members or friends, or the provision of other services provide enough care now to avoid harm to the RESPONDENT? ☐ Yes **OR** ☐ No

If not, why?

Provide the following identifying information about RESPONDENT (if known) if it is determined necessary to take RESPONDENT into custody:

Age and/or DOB: **Sex:** ☐ Male ☐ Female **Race:**

Height: **Weight:** **Hair color:** **Eye Color:**

Does RESPONDENT have access to any weapons? ☐ Yes **OR** ☐ No

If yes, describe:

Is RESPONDENT violent now? ☐ Yes **OR** ☐ No.

Has RESPONDENT been violent in the past? <input type="checkbox"/> Yes OR <input type="checkbox"/> No If yes to either of the above, describe: _____
Does RESPONDENT have any pending criminal charges against him/her? <input type="checkbox"/> Yes OR <input type="checkbox"/> No If yes, describe: _____
GUARDIANSHIP: 1) Does RESPONDENT have a legal guardian? <input type="checkbox"/> Yes OR <input type="checkbox"/> No 2) Is there a pending petition to determine RESPONDENT's capacity and for the appointment of a guardian? <input type="checkbox"/> Yes OR <input type="checkbox"/> No. If yes, please provide Case Number: _____ If yes to either of the above, provide the name, address, and phone number of the guardian/proposed guardian: Name: _____ Phone: () _____ Email: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street Address City State Zip Code </div>
PHYSICIAN: Name: _____ Phone: () _____
MEDICATIONS:
CASE MANAGEMENT: Provide name and phone number of case manager and/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 given 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 and correct:

Signature of Affiant/Petitioner: _____

SWORN TO AND SUBSCRIBED before me
 this ____ day of _____, 20____
 by _____
 who is: ☐ personally known to me or ☐ presented
 _____ as identification.

OR

SWORN TO AND SUBSCRIBED before me
 this ____ day of _____, 20____
 Clerk of the Court for Miami-Dade County, Florida

By: _____
 Deputy Clerk

 Notary Public – State of Florida
 My Commission expires on: _____

A copy of the petition(s) must be attached to an Ex Parte Order for Involuntary Examination and accompany RESPONDENT to the receiving facility.

KNOWN RELATED CASES:

CASE NUMBER	STYLE	DATE OF ADJUDICATION