

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):

Has RESPONDENT been violent in the past? Yes **OR** No
If yes to either of the above, describe: _____

Does RESPONDENT have any pending criminal charges against him/her? Yes **OR** No
If yes, describe: _____

GUARDIANSHIP:
1) Does RESPONDENT have a legal guardian? Yes **OR** No

2) Is there a pending petition to determine RESPONDENT's capacity and for the appointment of a guardian?
 Yes **OR** 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: _____
Street Address City State Zip Code

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.

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

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

By: _____
Deputy Clerk

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