

## BAKER ACT PROCEDURES

A Baker Act is a means of providing an individual in need of mental health services with emergency mental health evaluation and treatment. It should be filed in the county in which the individual is located. It can be filed by the individual's spouse or guardian; any relative, a private practitioner, the director of a licensed service provider or the director's designee, or any three adults who have personal knowledge of the individual's mental health. As the person filing a Baker case, you are known as the "Petitioner". The individual in need of mental health services is known as the "Respondent".

The steps of a Baker Act case are as follows:

1. Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination is filed with the clerk of the court.
2. Upon filing of the petition:
  - a. A hearing will be held within 10 days of the filing of the petition. Counsel may be appointed for the respondent. Notice of Hearing will be provided to the Petitioners by mail.

OR

  - b. The Court will enter an ex parte order authorizing the involuntary examination of the respondent.
3. If a hearing is held, the court will determine whether there is a reasonable basis to believe the respondent meets the involuntary admission criteria and either dismiss the petition or enter an ex parte order authorizing the involuntary examination of the respondent.
4. Within the 72-hour examination period, one of the following three actions must be taken based on the individual needs of the respondent (**Please note that these actions take place at the receiving facility, and that no further action will be taken by this Court or by the Putnam County Clerk's Office**):
  - a. The person must be **released** unless he or she is charged with a crime, in which case the person must be returned to the custody of a law enforcement officer; or
  - b. The person, unless he or she is charged with a crime, must be asked to give express and informed consent to placement on **voluntary** status, and, if such consent is given, the person must be voluntarily admitted. Such transfer from involuntary to voluntary status must be conditioned on the certification by a physician that the person has the capacity to make well-reasoned, willful, and knowing decisions about mental health and medical issues; or
  - c. A **petition for involuntary placement** must be completed within 72 hours and be filed with the circuit court within the 72 hours. If the 72 hours ends on a weekend or holiday, the filing must be no later than the next working day thereafter. This Petition **must** be filed by the receiving facility administrator (or petition for involuntary outpatient placement **may** be filed) and supported by the opinion of a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the person within the preceding 72 hours.

The Clerk's office CANNOT give legal advice. If you have questions or concerns regarding these instructions and forms, the use of these forms, or your legal rights, it is strongly recommended that you talk to an attorney.

The Clerk's office CANNOT give any information on a specific Marchman Case as they are highly confidential; the Petitioner must be present at the Clerk's office with photo identification to receive information.

TYPE OF BAKER ORDER: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

PERSON TO BE SERVED: \_\_\_\_\_

LAST KNOWN LOCATION:

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DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_

RACE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

SPECIAL INSTRUCTIONS TO P.C.S.O.: \_\_\_\_\_

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PETITIONER'S MAILING ADDRESS AND PHONE NUMBER:

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PETITIONER'S SIGNATURE: \_\_\_\_\_

**STATE OF FLORIDA  
SEVENTH JUDICIAL CIRCUIT  
Circuit Court, Putnam County**

**PREPPING FOR BAKER/MARCHMAN HEARINGS AND WHAT TO**

**EXPECT FOR PETITIONERS**

CASE # \_\_\_\_\_

- There are security guards and procedures at the doors of the courthouse and the parking may be difficult. Please budget your time accordingly.
- If Petitioners are not present at the time the case is called the case may be dismissed.
- The way you dress shows respect to the Court
  - o Dress appropriately – suit, dress, skirt and top, pants, pant suits
  - o Avoid, if possible, sporty or casual clothes – jeans, cut offs, torn or revealing clothes, flip-flops, tank-tops, hats, etc.
  - o Advise your witnesses to dress appropriately as well
- Cell phones must be TURNED OFF and PAGERS on VIBRATE before entering the courtroom. Upon going off they may be confiscated by the Court. Advise your witnesses of this rule.
- All hearings are RECORDED – if you need to speak with your attorney please ask them to step outside of the courtroom with you.
- Your children are NOT ALLOWED in the courtroom unless they have been pre-approved by the JUDGE. Children may wait outside the courtroom if accompanied by an adult. IF the children are not witnesses who have been pre-approved to testify, DO NOT BRING THEM TO COURT.
- BRING YOUR WITNESSES AND EVIDENCE TO COURT (pictures, tape recordings, etc.). REMEMBER- this is YOUR petition and this is the time to present YOUR case – If you do not have an attorney representing YOU have the BURDEN of proving YOUR case.
- You should strongly consider hiring an attorney to represent your interest. Time is of the essence when hiring an attorney as some hearings must be within 10-days of filing pursuant to Florida Law.
- Speak audibly and clearly into the microphone when testifying. Remember the Judge is listening, even if he/she is not looking at you. The Judge is ALWAYS called “YOUR HONOR” or “JUDGE”.

- TELL YOUR STORY – Do not assume the Judge is familiar with your case – tell your story slowly and to the point. If multiple incidents have occurred, begin with the most severe or most recent.
- WHEN THE JUDGE IS SPEAKING, PLEASE REFRAIN FROM SPEAKING – If the Judge interrupts you STOP speaking IMMEDIATELY and answer the question directly – Then ask the Judge if you may continue to speak or the Judge may tell you to continue.
- When there is a legal objection, PLEASE STOP SPEAKING IMMEDIATELY, so the Judge can make the appropriate ruling. Please advise your witnesses to do the same.
- DO NOT INTERRUPT the other side when they are speaking – everyone will have ample time and opportunity to present their case before the Court.
- If you have legal representation, please have your attorney speak with the opposing party or the opposing parties’ attorney before your case is called to see if the case can be resolved. If you do not have representation, you may speak with them directly if you want to.

**IMPORTANT PHONE NUMBERS**

PUTNAM COUNTY CLERK’S OFFICE	386-326-7620
STEWART MARCHMAN (PALATKA)	386-329-3780
PUTNAM COUNTY SHERIFF’S DEPARTMENT	386-329-0800
PALATKA POLICE DEPARTMENT	386-329-0115
CRESENT CITY POLICE DEPARTMENT	386-698-1211
WELAKA POLICE DEPARTMENT	386-467-2303
INTERLACHEN POLICE DEPARTMENT	386-684-2164
STATE ATTORNEY’S OFFICE	386-329-0259

I \_\_\_\_\_ **ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF “PREPPING FOR BAKER/MARCHMAN HEARINGS AND WHAT TO EXPECT”**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT  
IN AND FOR PUTNAM 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: \_\_\_\_\_  
\_\_\_\_\_

**CONTINUED OVER**

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 2)**

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: \_\_\_\_\_  
Date Time

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CONTINUED**

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 3)**

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**

**Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination (Page 4)**

**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 nearest receiving facility.**