Report of Law Enforcement Officer Initiating Protective Custody
State of Florida, _____ County, Florida

I, _____, am a law enforcement officer certified by the State of Florida. In lieu of Co-Responders or Mobile Response Teams, I have good faith reason to believe that _____ appears to meet the following criteria for protective custody:

☐ The individual is substance abuse impaired or has a substance use disorder and a co-occurring mental health disorder and, because of such impairment or disorder:

☐ The individual has lost the power of self-control with respect to substance abuse; **and**

☐ The individual is in need of substance abuse services and, by reason of substance abuse impairment, the individual's judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to the individual's need for such services; **or**

☐ Without care or treatment, the individual is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

Circumstances which support this opinion:

_____ _____ _____ ☐ am ☐ pm
Signature of Law Enforcement Officer | Date (mm/dd/yyyy) | Time

_____ _____
Printed Name of Law Enforcement Officer | Full Name of Law Enforcement Agency

_____ _____
Badge or ID Number | Law Enforcement Case Number

Continued on Page 2

Report of Law Enforcement Officer Initiating Protective Custody

Transportation to Substance Abuse Provider

Location Found:	Taken To:

Family members or others present when individual was taken into custody:		
Name #1	Relationship	Phone Number
Address of Name #1		

Name #2	Relationship	Phone Number
Address of Name #2		

Name #3	Relationship	Phone Number
Address of Name #3		

Name #4	Relationship	Phone Number
Address of Name #4		

Next of kin and contact information (if known):

Indicate personal knowledge by family members and others about the individual's condition:

This written report shall be included in the individual's clinical record.