



TRANSPORTATION TO RECEIVING FACILITY

Part I: General Information

Identifying Information about the person (if known)		
Person's Name (please print):		
Florida County of Residence:	OR	State (if not FL):
Florida Zip Code of Residence:	OR	<input type="checkbox"/> Homeless (no zip code)
Social Security Number (Last Four Digits):	Date of Birth (mm/dd/yyyy)	— —

Family members, next of kin, or others present when individual was taken into custody			
Name	Address	Relationship	Phone Number

Emergency Contact (per Section 394.462, F.S., include all emergency contact information discoverable through FCIC, DAVID, or other electronic databases maintained by the FDLE or the FLHSMV or any other available database)			
Name	Address	Relationship	Phone Number

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

Delivered to (appropriate facility within the behavioral health receiving system and pursuant to the approved transportation plan):

If the individual is a citizen of another country, was the consulate notified: Yes: ☐ No: ☐

Person has a pending criminal charge or investigation: Yes: ☐ No: ☐

If Yes: Case Number: _____ Law Enforcement Contact Information: _____

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

Printed Name of Law Enforcement Officer _____

Full Name of Law Enforcement Agency _____

Badge or ID Number _____

Law Enforcement Case Number _____

This form must be delivered with the individual to the receiving facility for inclusion in the clinical record and submitted by the facility to the Department's Baker Act Data portal. A copy may be retained by the law enforcement agency.

Part II – Used When Law Enforcement Consigns Individuals to Medical Transport Service (Page 2)

If transport is **not** conducted by a law enforcement agency due to the medical condition of the individual or due to a county-funded contract with a medical transport company in accordance with the transportation plan, print the name of the company which will transport the individual to the nearest emergency room in the case of a medical emergency:

or, if not a medical emergency, to the appropriate receiving facility within the behavioral health receiving system
_____ (specify facility individual is to be taken)

The law enforcement agency and the transport service must agree that the continued presence of law enforcement personnel is not expected at the time of consignment to be necessary for the safety of the individual or others.

I, _____ of the _____
Printed Name of Medical Transport Service Representative Printed Name of Medical Transport Service

agree that the continued presence of the law enforcement agency is not expected to be necessary for the safety of

_____ or others. By affixing my legal signature and date/time of signing below, I understand that continued transporting of the individual named above to a receiving facility is no longer the responsibility of the law enforcement agency. The responsibility is assumed by the emergency medical transport service or private transport company, in accordance with s. 394.462(1), F.S.

Signature of Representative of Medical Transport Service

Date Signed

Time Signed ☐ am ☐ pm

This form must be delivered with the individual to the receiving facility for inclusion in the clinical record and submitted by the facility to the Department's Baker Act Data portal. A copy may be retained by the law enforcement agency and by the medical transport service.

**Part III – Used When Law Enforcement Consigns Individuals
to a Mental Health Overlay Program or a Mobile Crisis Response Service
for Transportation to a Receiving Facility
(Page 3)**

If transport is **not** conducted by a law enforcement agency, print the name of the organization which will transport the individual to the appropriate receiving facility within the behavioral health receiving system:

(specify facility individual is to be taken)

The law enforcement agency and the mental health overlay program or a mobile crisis response service must agree that the continued presence of law enforcement personnel is not expected at the time of consignment to be necessary for the safety of the individual or others.

I, _____ of the _____
Printed Name of Mental Health Overlay Program or a Mobile Crisis Response Service Representative Printed Name of Mental Health Overlay Program or a Mobile Crisis Response Service

agree that the continued presence of the law enforcement agency is not expected to be necessary for the safety of

_____ or others. By affixing my legal signature and date/time of signing below, I understand that continued transporting of the individual named above to a receiving facility is no longer the responsibility of the law enforcement agency. The responsibility is assumed by the above-named provider, in accordance with s. 394.462(1), F.S.

Signature of Mental Health Overlay Program or a Mobile Crisis Response Service Representative

Date Signed

Time Signed

☐ am ☐ pm

This form must be delivered with the individual to the receiving facility for inclusion in the clinical record and submitted by the facility to the Department's Baker Act Data portal. A copy may be retained by the law enforcement agency and by the mental health overlay program or a mobile crisis response service.