

**ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE  
1114.10, MENTAL HEALTH CASES (BAKER ACT)**

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POLICY:

It is the policy of the Orlando Police Department that the individual dignity of persons suffering from emotional disorders be respected at all times and upon all occasions including any occasion when the person is taken into custody, detained, or transported by Department members.

**1. RECEIVING FACILITIES**

"Receiving Facility" means a facility designated by the Department of Children and Families to receive patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment, and also means a private facility when rendering services to a private patient pursuant to the provisions of this act. The term "receiving facility" does not include a county jail.

Receiving facilities, as designated by the Department of Children and Families, are as follows:

1.1 ADULTS

The Central Receiving Center (CRC), located at Aspire Health at 1800 Mercy Drive, Orlando, has been designated by the Department of Children and Families to be the location law enforcement officers transport adults under the Baker Act or who are in need of psychiatric evaluation and are willing to go voluntarily by police escort.

1.2 CHILDREN

All minors will be taken to the nearest receiving facility (not to include the CRC). Receiving facilities designated by the Department of Children and Families for individuals under the age of 18 are as follows:

- a. Aspire Health, 434 West Kennedy Boulevard, Orlando, FL 32810 407.875.3700.
- b. University Behavioral Health Center, 2500 Discovery Drive, Orlando, FL 32826 407.281.7000.
- c. Central Florida Behavioral Hospital, 6601 Central Florida Parkway, Orlando, FL 32821 407.370.0111.
- d. Park Place Behavioral Healthcare, 206 & 208 Park Place Boulevard, Kissimmee, FL 34741 407.846.0023.

Please rely on your personal knowledge and traffic conditions or a GPS system to determine which facility is the "nearest."

### 1.3 HEALTH PROBLEMS

Aspire Health is not the appropriate place to bring patients with the following health problems who have not been medically cleared:

- a. Known unmanageable or uncontrolled hypertension.
- b. Known unmanageable or uncontrolled diabetes.
- c. Known severe infections requiring close medical management or conditions requiring isolation procedures.
- d. Any condition requiring intravenous fluid and/or oxygen.
- e. Conditions requiring specialized treatment such as renal dialysis or chemotherapy.
- f. Acute alcohol intoxication, drug impairment, and/or a medication overdose to the point where the person is not responsive or ambulatory.

## 2. EMERGENCY/INVOLUNTARY EXAMINATION

The following procedures should be followed when a person is taken to a receiving facility for involuntary examination.

### 2.1 CRITERIA FOR ADMISSION

The following criteria should be used to determine when a person should be taken to the CRC for adults and to the nearest receiving facility for individuals under age 18. A person may be taken to a receiving facility for involuntary examination if the person is mentally ill, and because of the mental illness:

- a. The person has refused voluntary examination after sufficient and conscientious explanation and disclosure of the purpose of examination, OR
- b. The person is unable to determine on their own whether examination is necessary.

In addition, the officer shall determine that:

- a. Without care or treatment the person is likely to suffer from neglect or refuse care for him- or herself and such neglect or refusal poses a real and present threat of substantial harm to his her well-being, and it is not apparent that such harm may be avoided through the help of willing and responsible family members or friends, or the provision of other services; OR
- b. There is substantial likelihood that without care or treatment, the person will cause serious bodily harm to him- or herself or others in the near future as evidenced by recent behavior.

While there is no basis for a parent/guardian of a minor to provide consent or refuse consent to his/her child's involuntary examination, best practice is to notify a child's parent/guardian immediately. Therefore, every reasonable effort shall be made to notify the child's parents or guardians of the circumstances. The parent/guardian may have helpful information or strategies in handling their child that are more effective and may help deescalate a situation. 211 may also be called, but only with the parent/guardian's consent. The crisis level, the parent/guardian's preference and the parties' level of cooperation should be taken into consideration when deciding whether to take a minor to a receiving facility for involuntary examination.

All available, less restrictive treatment alternatives that would offer an opportunity for improvement of the person's condition must also have been judged to be inappropriate, or unavailable.

### 2.2 ON-SCENE PROCEDURES FOR A BAKER ACT

When Department personnel arrive on the scene and observe conduct that meets the above criteria, they will notify their immediate supervisor. When possible, a Crisis Intervention Team (CIT) officer shall be dispatched to calls or incidents involving a confirmed or suspected mentally ill person in crisis. A crisis could consist of a person having delusions, refusing to take prescribed medications, erratic behavior, talking to themselves, or other activity or behavior that causes alarm or concern to the average person.

A CIT officer may be requested to respond by Department personnel already on the scene to assist with evaluation and resource information. Sworn statements may be obtained from credible witnesses who have observed conduct that may be indicative of a person's mental health. These statements may be used in lieu of the officer's personal observations. The totality of the circumstances should be considered when determining whether a person will be taken to a receiving facility for involuntary examination.

When Department personnel on the scene believe that criteria for involuntary examination are present, the officer shall transport the person to the CRC. The officer shall complete the following:

- a. CF-MH 3052a, Report of Law Enforcement Officer Initiating Involuntary Examination. (Attachment A).
- b. CF-MH 3100, Transportation to Receiving Facility. (Attachment B).
- c. Incident report.

The state forms are available in the Quartermaster Unit and at the receiving facility.

The person who is transported, along with related documentation, shall be transferred to a responsible individual designated by and located at the appropriate receiving or treatment facility.

Persons suffering from serious physical injuries and in need of immediate medical attention will be taken to the nearest hospital, whether or not a designated receiving facility. If the emergency medical treatment hospital is not designated a receiving facility, further action pursuant to the Florida Mental Health Act must be initiated by hospital personnel.

### 3. PERSONS AUTHORIZED TO ADMIT PERSONS FOR EMERGENCY/INVOLUNTARY EXAMINATION

The following are authorized to admit persons for emergency admissions:

- a. A judge (court order).
- b. A mental health professional.
- c. A law enforcement officer.

#### 3.1 A JUDGE (COURT ORDER)

A judge may issue an ex-parte order requiring the delivery of a person to a receiving facility for an involuntary examination. Citizens inquiring about the procedure for having a person admitted by a court should be referred to Florida Statutes, Chapter 394, and to Aspire Health.

#### 3.2 A MENTAL HEALTH PROFESSIONAL

Mental health professionals include physicians, licensed psychologists, psychiatric nurses, or licensed clinical social workers. Mental health professionals may execute a certificate stating that they have examined a person within the last 48 hours and that the person meets the criteria for involuntary examination.

#### 3.3 A LAW ENFORCEMENT OFFICER

A law enforcement officer may take a person who appears to meet the criteria for emergency examination into custody and deliver him or her to the CRC for examination and possible treatment. Although persons who meet Baker Act criteria are not under arrest, officers may use reasonable force to detain the individual for purposes of delivering the person to a receiving facility. If the officer believes that the person will be violent when transported, the receiving facility should be notified prior to arrival.

An exigency (imminent threat to self or others) must be present to enter the home of a suspected Baker Act person where the officer has a reasonable belief that the person meets Baker Act criteria and a reasonable belief that the person is in the house. All other policies involving barricaded suspects, etc., will be adhered to.

There is no expectation that the officer should be able to clinically diagnose mental illness or predict dangerousness. Evidence of likely harm to self or others is defined solely by the person's "recent behavior." The law requires the law enforcement officer's report to document the "circumstances" under which the person was taken into custody, not personal observations. As the Baker Act is a civil law, not a criminal one, probable cause is not required. Any officer who acts in good faith in compliance with the provisions of this part is immune from civil or criminal liability for his or her actions in connection with the admission, diagnosis, treatment or discharge of a patient to or from a facility.

Individuals who may need further evaluation typically exhibit a combination of the following behaviors or characteristics:

**Behaviors:** rapid speech, flight of thought, no eye contact, quick movements, disconnected speech patterns, constant

movement, inability to concentrate, swift and frequent mood changes, disorganized thoughts, disoriented to time and place, acts of violence, cutting self, combative/aggressive behavior, inappropriate dress or nudity.

**Hallucinations:** sees people who aren't there, hears voices telling them to hurt themselves or others, reports that television is suggesting harm to others, turning the head as if listening to an unseen person.

**Self-Care Issues:** insomnia or increased sleep, has not eaten for days, not taking prescribed medication, home is in disarray, neglects household, property, or personal hygiene to the point of putting self/others at risk.

**Feelings:** low self-esteem with feelings of hopelessness, flat affect, or not reacting with much feeling or interest.

**Suicidal Risks:** has weapons or access to weapons, speaks about previous attempts, makes direct comments about dying or hurting self, evidence of previous attempts such as scars on the wrists.

**Elderly Issues:** wandering at night, leaving things on stove unattended, not eating or sleeping or caring for personal needs, unrealistic fears, uncontrollable anxiety, confusion, quantity and age of unused food in the house.

**Substance Abuse:** abuse of prescribed medications, use of alcohol or illegal substances while taking medications. (If substance abuse appears to be the only issue, the Marchman Act may be more appropriate.)

## 4. CRIMINAL CONDUCT

These are procedures for handling cases where criminal conduct is involved, both felony and misdemeanor.

### 4.1 FELONY CONDUCT

When a person has committed a nonviolent felony and, in the opinion of the arresting officer, the prisoner meets Baker Act criteria, the prisoner shall be taken to the CRC for involuntary examination. Officers will do at-large paperwork in these cases if the officer believes the suspect has sufficient ties to the community (job, family, etc.) to be located after he or she is released from the receiving facility. If there are insufficient ties to the community, the officer will place a police hold on the suspect.

Upon notification of release, probable cause paperwork and the prisoner will be transported to central booking by an on-duty unit.

If the prisoner is not admitted at the receiving facility, he or she will be returned to the booking facility for full processing. When an officer has arrested a person for a felony involving a crime of violence against another person, such person should be processed in the same manner as any other criminal suspect, notwithstanding the fact that the arresting officer has reasonable grounds for believing the person's behavior meets statutory guidelines for involuntary examination pursuant to the Baker Act.

When the officer has arrested a person for a felony involving a crime of violence against another person and it appears the person meets statutory guidelines for involuntary examination or involuntary placement, the officer shall also notify the Orange County Jail booking officer. The officer should record that the suspect appeared to meet the Baker Act criteria and that the personnel at the booking facility were so advised on the arrest affidavit or incident report.

### 4.2 MISDEMEANOR CONDUCT

If the conduct of an adult constitutes a misdemeanor or municipal ordinance violation, and the violation appears to be the result of a mental/emotional disturbance meeting the requirements for involuntary examination and is observed by the on-scene officer, the officer shall transfer the subject to the CRC (unless under 18) for admission. In these cases, a "police hold" should not be placed into effect.

If the subject is admitted under the Baker Act, then the officer will:

- a. Issue a Notice to Appear, where qualified under the guidelines of the Notice to Appear procedures, or
- b. Complete the paperwork for filing charges at large, or
- c. Complete the paperwork to secure an arrest warrant.

The officer must indicate the location of the subject in the Notice to Appear, police report, or warrant.

### 4.3 TRANSPORTING JUVENILES FROM THE JUVENILE ASSESSMENT CENTER TO THE NEAREST RECEIVING FACILITY

As a courtesy, officers will transport juveniles from the Juvenile Assessment Center (JAC) to the nearest receiving facility if

the following conditions exist:

- a. OPD was the arresting agency.
- b. The officer believes that the juvenile meets Baker Act criteria.
- c. The juvenile is NOT charged with a crime of violence.
- d. The juvenile is NOT substance abuse impaired.
- e. The officer has contacted Aspire Health at 407.875.3700, and they have confirmed that the juvenile requires involuntary examination.

If the juvenile was arrested by another agency, it is the decision of that agency and JAC as to how they should proceed. Officers will not transport other agencies' arrestees from JAC because of Baker Act concerns.

If the juvenile is substance abuse impaired, meets the criteria for involuntary examination pursuant to the Marchman Act, and is making vague and unspecific threats to hurt him- or herself, the Addiction Receiving Facility (ARF) at JAC may accept the juvenile. Officers should check with ARF at JAC if they have a potentially suicidal juvenile who is also substance abuse impaired. If ARF will not accept the juvenile and the juvenile is not in need of immediate medical attention, officers are to transport to the nearest receiving facility which is also a hospital (see Section 1).

## **5. PROCEDURES FOR TRANSPORTATION**

Persons being transported under the Baker Act shall be taken to the CRC. Persons under 18 will be taken to the nearest receiving facility (not to include the CRC). They shall be transported expediently, safely, and by the most practical means possible.

### **5.1 EMERGENCY ADMISSION TRANSPORTATION PROCEDURES**

When a person is to be transported and an emergency situation demands immediate transportation in a Department vehicle, Department units will be employed with the following priority:

- a. Marked units.
- b. Marked units without cage or divider, if available.
- c. Unmarked units, if available.

If, in the opinion of the transporting officer, a person indicates he or she is likely to injure him- or herself or others, all necessary means may be employed for his or her protection and that of other persons, specifically including Department members.

If it is determined that the person requires handcuffing, it will be the transporting or assisting officer's responsibility to remove the handcuffs upon arrival at the mental health receiving facility.

When transportation is to be by a Department unit, the on-scene officer will advise the Communications Division, which will attempt to dispatch a unit for transportation according to the above priorities.

### **5.2 INVOLUNTARY EXAMINATION TRANSPORTATION PROCEDURES**

The following is the transportation procedure for involuntary examination when ordered by a judge:

The Orange County Sheriff's Office is the designated agency responsible for all persons who are to be taken into custody and transported upon entry of an ex parte order pursuant to § 394.462, Fla. Stat., whether located within a municipality or within unincorporated Orange County. If under ex parte order, a law enforcement may take the person into custody at any hour of any day and using such force as necessary to enter premises and take person into custody.

The following are the transportation procedures for involuntary examination when ordered by a mental health professional:

- a. The Orlando Police Department is the agency responsible within the City limits for taking persons into custody upon execution of a certificate by an authorized professional and transporting those persons to a designated receiving facility. Law enforcement may not enter a residence unless consent is given or exigent circumstances apply, otherwise, a warrant is needed to enter any premises to take a person into custody.

- b. The following mental health professionals may execute a certificate for involuntary custody if they have examined the patient within the previous 48 hours:
1. Physicians.
  2. Clinical psychologists.
  3. Psychiatric nurses.
  4. Clinical social workers.

The above-listed persons shall indicate on the certificate the observations upon which their decision to Baker Act is based.

- c. Officers shall obtain the original certificate (CF-MH 3052b) from the professional for delivery to the receiving facility. Officers shall also complete form CF-MH 3100, Transportation to Receiving Facility, and an incident report documenting the transportation of the subject.

### 5.3 VOLUNTARY EXAMINATION TRANSPORTATION REQUESTS

The Orlando Police Department will not transfer patients from one receiving facility to another. Florida Statutes, Chapter 394, does not require law enforcement agencies to provide transportation for adult voluntary examinations under the Baker Act; such transportation shall generally not be provided. The supervisor, however, may authorize transportation for an exceptional case involving an adult if necessary to protect life or property.

Officers who do transport adult voluntary examinations are required to stay with the person until they actually sign the form admitting him- or herself into the facility. If the person refuses to sign him- or herself in and meets Baker Act criteria, the officer will proceed with the involuntary examination certificate. If, in those exceptional cases, the person refuses to sign him- or herself in and does not meet the criteria for involuntary examination, the supervisor shall be contacted and will cause the person to be removed from the facility to a more appropriate location (residence or relative's home, etc.).

Cases involving the voluntary examination of juvenile subjects will be handled by contacting the parents as well as appropriate school authorities if the subject is a student. If the parents are unavailable, the Department of Children and Families should be contacted. All minors are considered "incompetent to consent" by virtue of age (unless an exception applies). They can only be voluntarily examined if the parent/guardian has applied for the child's admission and a court has conducted a hearing to verify the voluntariness of consent. The consent of the parent/guardian is required for voluntary status, but not for involuntary status. If the child meets the criteria for Baker Act and the parent/guardian seems unlikely to apply for the child's admission, law enforcement may decide to take the child to a receiving facility as involuntary examination is more appropriate since no less restrictive alternative is appropriate.

## 6. PROCEDURES FOR PERSONS MISSING FROM ANY DESIGNATED DCF FACILITY

Procedures for handling missing persons from any facility when the CF-MH 3052a form has and has not been completed are established. In either case, a missing persons or other offense report is not required unless specifically requested by a mental health professional or other complainant.

### 6.1 CF-MH 3052A FORM COMPLETED

When a patient is missing from a mental health facility and a CF-MH 3052a form has been completed, a local lookout will be broadcast by the Communications Division advising a Signal 8 from the facility and requesting officers to pick up and return the individual to the facility.

The responding officer should ensure that the form CF-MH 3052a has been completed within the preceding 72 hours. If 72 hours have transpired since the initiation of the form CF-MH 3052a, procedure established in Section 6.2 will be followed.

The stop-and-pickup order shall be good for 72 hours from the date of initiation of the form CF-MH3052a.

The top portion only of CF-MH 3052a form (Report of Law Enforcement Officer) shall be completed whenever an individual is returned under these conditions.

Officers returning an individual shall include on the second page of form CF-MH 3052a that the individual was returned on authority of a Certificate of Professional Initiating Involuntary Examination.

The officer returning the individual shall notify the Communications Division that the individual has been returned and the local lookout can be canceled.

**6.2 CF-MH 3052A FORM NOT COMPLETED**

When a patient is missing and a CF-MH 3052a form has not been completed, the Communications Division will broadcast a stop-and-check-out bolo for the individual in question. An officer may not detain nor return an individual to a mental health facility unless the officer determines that the person currently meets the criteria for involuntary examination. If the criteria are met, the officer shall admit the individual under the routine Baker Act provisions of involuntary examinations by a law enforcement officer.

**7. WEAPONS IN MENTAL HEALTH FACILITIES**

When the officer arrives at the CRC with an adult Baker Act, the officer must secure his or her firearm. The officer may choose to lock the firearm in the trunk of his or her patrol vehicle or use the gun lockers located in the Sally Port entrance. If the officer is transporting a child Baker Act to Aspire Health, the officer does not need to secure his or her firearm if only entering the reception area to complete paperwork. If the officer needs to go beyond the reception area, then his or her firearm and TASER must be secured.

Advent Health does not require the officer to secure his or her weapon as long as the process is limited to the Emergency Room. Officers responding to the facility to take law enforcement action, other than delivering a Baker Act, will not be required to remove his or her firearm. Aspire Health and the CRC have been advised that in these instances the officer's firearm is a necessary tool and will not be relinquished.

**8. MEDICAL SECURITY PROGRAM**

The Medical Security Program voluntarily registers residents of Orange, Seminole, Lake, Osceola, and Brevard Counties who for reasons relating to mental disabilities may wander, come in contact with law enforcement, or fail to return home when expected. Those who register will be given an identification bracelet and/or a photo ID card identifying them to law enforcement and corrections. The intent of this program is to divert individuals from jail who are mentally ill.

The bracelet will contain the following information:

**MSP  
For Help,  
Call Orange County Sheriff's Office  
9-1-1  
100-00-000**

No name or personal information will be on the bracelet. The mental health patron may also request that an ID card be issued. The mental health patron's name and address will appear along with the access code on the ID cards.

The mental health patron will be identifiable to area law enforcement by the 9-digit access code on the bracelet and ID card. If the mental health patron is in need of assistance, local law enforcement can obtain necessary information to assist the person by calling the Orange County Sheriff's Office Communications Center and giving them the 9-digit access code. The information available will include emergency contacts, doctor names and phone numbers, medications and allergies, and mental and physical conditions. This information will assist law enforcement and emergency medical personnel in identifying and appropriately dealing with participants in the Medical Security Program.

If an officer comes into contact with a person who may be interested in enrolling in the Medical Security Program, the individual should be directed to contact the Mental Health Association of Central Florida at 407.898.0110 ext. 17.

Registration is voluntary and either the enrollee or the legal guardian must give consent to be enrolled.

1114.10 P&P

ATTACHMENT A



Report of Law Enforcement Officer Initiating Involuntary Examination

State of Florida, County of \_\_\_\_\_, Florida

I, \_\_\_\_\_, am a law enforcement officer certified by the State of Florida, Florida.

In my opinion, \_\_\_\_\_ appears to meet the following criteria for involuntary examination:

1. I have reason to believe said person has a mental illness as defined by section 394.455, Florida Statutes:

"Mental illness" means an impairment of the mental or emotional processes that exercise conscious control of one's actions or of the ability to perceive or understand reality, which impairment substantially interferes with the person's ability to meet the ordinary demands of living. For the purposes of this part, the term does not include a developmental disability as defined in chapter 393, intoxication, or conditions manifested only by antisocial behavior or substance abuse impairment.

AND because of the mental illness (check all that apply):

- a. Person has refused voluntary examination after conscientious explanation and disclosure of the purpose of the examination; AND/OR
b. Person is unable to determine for himself/herself whether examination is necessary; AND

2. Either (check all that apply):

- a. Without care or treatment said person is likely to suffer from neglect or refuse to care for himself/herself, and such neglect or refusal poses a real and present threat of substantial harm to his/her well-being and it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services; AND/OR,
b. There is substantial likelihood that without care or treatment the person will cause serious bodily harm to (check one or both) self others in the near future, as evidenced by recent behavior.

Circumstances supporting this opinion, including specific information about the person's behavior, threats and actions, and information offered by others:

Empty rectangular box for providing supporting circumstances.

Has the law enforcement officer initiating this examination completed a 40-hour Crisis Intervention Team (CIT) training program? Yes No

Was the examination initiated in the officer's capacity as a school resource officer? Yes No

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

Printed Name of Law Enforcement Officer Full Name of Law Enforcement Agency (printed)

Badge or ID Number Law Enforcement Case Number

ATTACHMENT B

Transportation to Receiving Facility

Part I: General Information

The circumstances, under which (Name of Person) \_\_\_\_\_ was taken into custody are as follows:

Time: \_\_\_\_\_ am pm Date: \_\_\_\_\_

Place or Facility Name: \_\_\_\_\_

Pick Up Address: \_\_\_\_\_

Family members or others present when person was taken into custody			
Name	Address	Relationship	Phone Number
Next of Kin (if known)			

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

Delivered to (Nearest Receiving Facility): \_\_\_\_\_

Basis for Custody: (Check one)  Ex Parte Order  Certificate of Mental Health Professional  Report of Law Enforcement Officer

Signature of Law Enforcement Officer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

Printed Name of Law Enforcement Officer \_\_\_\_\_ Full Name of Law Enforcement Agency \_\_\_\_\_

Badge or ID Number \_\_\_\_\_ Law Enforcement Case Number \_\_\_\_\_

CONTINUED OVER

ATTACHMENT B (Continued)

**Part II - Used When Law Enforcement Consigns Persons to Contract Transport (Page 2) or to Emergency Medical Personnel**

If transport is used due to the medical condition of the person or due to a county-funded contract with a transport company, print the name of the company \_\_\_\_\_ which will transport the person to the nearest emergency room in the case of a medical emergency or, if not a medical emergency, to the nearest designated receiving facility \_\_\_\_\_ (specify facility to which person 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 person or others.

I, \_\_\_\_\_ of the \_\_\_\_\_  
Printed Name of Law Enforcement Officer Printed Name of Law Enforcement Agency

**and**

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 person named above to a receiving facility is no longer the responsibility of law enforcement agency. The responsibility is assumed by the medical transport service in accordance with s. 394.462 (1), F.S.

Signature of Law Enforcement Officer \_\_\_\_\_ Date Signed \_\_\_\_\_ Time Signed \_\_\_\_\_ am pm

Signature of Representative of Medical Transport Service \_\_\_\_\_ Date Signed \_\_\_\_\_ Time Signed \_\_\_\_\_ am pm

**This form must be delivered with the person to the receiving facility for inclusion in the clinical record. A copy may be retained by the law enforcement agency and by the medical transport service.**