



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
DETENTION SUICIDE RISK
PARENT/GUARDIAN NOTIFICATION

JJIS #:
Referral ID#:

I, as parent/guardian, have been notified that my child was placed on Suicide Precautions as a result of screening and/or Assessment of Suicide Risk. I have been informed that my child is currently on Suicide Precautions in the detention center, but is not currently considered in need of emergency services under Florida's Baker Act.

- My Child has been in the detention center for less than 24 hours, and was released by the court prior to his/her scheduled Assessment of Suicide by a mental health professional in the detention center. I was informed my child's responses to suicide risk screening questions or behaviors observed by Department of Juvenile Justice (DJJ) staff indicated he/she should receive a suicide risk assessment as soon as possible.
My Child was seen by a mental health professional while in secure detention. A mental health professional conducted an Assessment of Suicide Risk and determined my child was a potential suicide risk. I was informed my child should receive follow-up mental health assessment and treatment as soon as possible with my child's local primary care provider or if applicable, behavioral health clinic, or practitioner or local hospital.

To obtain further information about the Assessment of Suicide Risk administered in the detention center, please contact the mental health office at or the Regional Detention Center at.

If you need assistance in obtaining a mental health assessment, which includes a suicide risk assessment for your child, contact your family doctor, community mental health center, the Department of Children and Families District Office, the Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433) or Nationally Supported Lifeline at 1-800-273-TALK (1-800-273-8255). Your local hospital emergency room or walk-in clinic is also an option.

By signing below, I confirm receipt of this notification and understand the information provided.

Parent/Guardian Signature

Witness Signature

Name (Print)

Name (Print)

Date

Date

Juvenile Released To: (Name) (Relation)

Comments:

cc: Case Management File, Detention File and DJJ Individual Healthcare Record