

Part I
Notice of Right of Individual on Voluntary Status
To Request Discharge from a Receiving Facility

An individual on voluntary status or a relative, friend, or attorney of the individual may request discharge either orally or in writing at any time following admission to the facility. If the request for discharge is made by a person other than the individual, the discharge may depend on the express and informed consent of the individual.

If you request discharge, your doctor will be notified and you will be discharged within 24 hours after your request for discharge unless you withdraw your request or you meet the criteria for involuntary inpatient placement or involuntary outpatient placement. If you meet the criteria for involuntary inpatient or outpatient placement, the facility administrator may file a petition with the court for your continued detention within two (2) court working days and you will be detained without your consent, pending a court hearing.

If you wish to request discharge at any time during your stay at this facility, complete the Application for Discharge on the reverse side of page. No action on your part is required, unless you wish to make arrangements for release.

The procedure for requesting discharge has been explained to me and I have had the opportunity to ask questions and receive answers about my right to request discharge.

 Printed Name of Individual Signature of Individual Date Time am pm

 Printed Name of Guardian of Minor Signature of Guardian of Minor Date Time am pm

 Printed or Typed Name of Witness Signature of Witness Date Time am pm

cc: Check when applicable and provide date/time/initial when copy provided:

<input type="checkbox"/> Individual	Date:	Time:	am pm	Initial:
<input type="checkbox"/> Guardian of Child	Date:	Time:	am pm	Initial:

Parts II and Part III are continued on back

Part II Application for Discharge

Pursuant to Section 394.4625 (2), Florida Statutes, I, _____
 hereby apply for my release or that of _____
 who is a voluntary patient at (Name of Facility) _____.
 My relationship to the said individual is that of (Relationship)
 _____.

 Signature of Individual or Authorized Individual on his or her behalf Date _____ Time _____ am pm

An oral request for discharge was made by _____ on _____ on _____
 Name of Requester Date Time _____ am pm

 Signature of Staff Printed Name of Staff Date _____ Time _____ am pm

If this request for discharge was made by someone other than me, I concur with the above request for my discharge. If not, I have completed Part III below.

 Signature of Adult Date _____ Time _____ am pm

 Signature of Guardian of Minor Date _____ Time _____ am pm

 Signature of Witness Date _____ Time _____ am pm

cc: Check when applicable and date/time/initial when copy provided:

<input type="checkbox"/> Individual	Date: _____	Time: _____ am pm	Initials: _____
<input type="checkbox"/> Guardian of Minor	Date: _____	Time: _____ am pm	Initials: _____

Part III Withdrawal of Application for Discharge

I, _____, freely and voluntarily rescind my previous oral or written Application for Discharge or do not concur with the request for discharge made by another person. No force, fraud, deceit, duress, or other form of constraint or coercion were used to obtain this withdrawal of my Application for Discharge.

 Signature of Individual Date _____ Time _____ am pm

 Signature of Witness Credentials of Witness Date _____ Time _____ am pm

cc: Check when applicable and date/time/initial when copy provided:

<input type="checkbox"/> Individual	Date: _____	Time: _____ am pm	Initials: _____
<input type="checkbox"/> Guardian of Minor	Date: _____	Time: _____ am pm	Initials: _____

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