Notification of Non-Compliance with Required Certificate
(Pursuant to Chapter 400, F.S.)

TO: Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #49
Tallahassee, FL 32308

FROM: _____
Name of Receiving Facility

_____
Address of Receiving Facility

Please be advised that _____ was received by
Name of Individual

_____ on _____. The above-named
Name of This Receiving Facility Date

was transported from _____ located at _____
Sending Facility Sending Facility's Address

by _____ for one of the following:
Method and Title of Transporter

☐ Involuntary examination without the required ex parte order, professional certificate, or report of a law enforcement officer pursuant to s. 394.463(2)(b), F.S. **OR**

☐ Voluntary admission without the required assessment of the individual's ability to give express and informed consent to treatment pursuant to s. 394.4625(1)(b), F.S.

You may contact me at this telephone number with any questions regarding the above: _____.

_____ _____
Signature of Person Completing this Form Date

_____ _____
Printed Name of Person Completing this Form Title

This notification shall be made by certified mail no later than the first working day after the admission of the individual to the receiving facility. A copy shall be placed in the individual's clinical record.

BAKER ACT