

## 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	☐ 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	uiviuuai was tak	Relationship	Phone Number	
<b>Emergency Contact</b> (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	<u> </u>	Relationship	Phone Number	
Indicate personal knowledge by fam	ily members and others	s about the individ	ual'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:					
				am pm	
Signature of Law Enforcement Officer			Date(mm/dd/yyyy) Time		
Printed Name of Law Enforcement Officer		Full Name of L	aw Enforcement Agency		
Badge or ID Number		Law Enforceme	ent Case Number	<u> </u>	
This form must be delivered wi					

law enforcement agency.

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

If transport is <b>not</b> 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
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

This form must be delivered with the individual to the receiving facility for inclusion in the clinical recordand 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 <b>not</b> conducted by a law enforcement agency, print individual to the appropriate receiving facility within the behavioral	
	(specify facility individual is to be taken)
The law enforcement agency and the mental health overlay prog continued presence of law enforcement personnel is not expecte 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 agenc	y is not expected to be necessary for the safety of
date/time of signing below, I understand that continued transport longer the responsibility of the law enforcement agency.	
Signature of Mental Health Overlay Program or a Mobile Crisis Response Service Representative	

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.