

**Firearm Prohibition
Cover Sheet**

Confidential Information

**Submission to Clerk of Court of Statutorily Required Documents for Review by Judge or Magistrate
Regarding Purchase of Firearms or Applying / Retaining Concealed Weapons or Firearms License
by Persons who have a Mental Illness and are Deemed Imminently Dangerous**

Attached are the following forms regarding the determination an individual in this receiving or treatment facility has been found to be an imminent danger to self or others:

- Finding and Certification by an Examining Physician of Person's Imminent Dangerousness
(If not applicable, do not file)
- Patient's Notice and Acknowledgment (Purchase of Firearms and Application for or Retention of a Concealed Weapons or Firearms License)
- Application for Voluntary Admission of an Adult (Receiving Facility)
- Notification to Court of Withdrawal of Petition for Hearing on Involuntary Inpatient or Involuntary Outpatient Placement

Signature of Administrator or Designee

Date

Time

Printed Name of Administrator or Designee

Name of Receiving or Treatment Facility

Printed Name of Patient _____

Gender _____

Date of Birth _____

Race _____

Social Security Number: _____

**Finding and Certification by an Examining Physician
of Person's Imminent Dangerousness**

I, _____, a physician licensed pursuant to chapter 458 or 459,
Florida Statutes, examined _____, a patient in
_____ (name of receiving or treatment facility) on
_____ (date) at _____ a.m./p.m.

I determined this individual is an imminent danger to self or others based on the following:

Please Check One

- I certify if the person had not agreed to voluntary treatment, a petition for involuntary outpatient or inpatient treatment would have been filed.
- I certify a petition was filed and the person subsequently agreed to voluntary treatment prior to a court hearing on the petition.

I have found this person has the capacity to make well-reasoned, willful, and knowing decisions concerning his or her medical or mental health treatment and therefore is competent to transfer to voluntary status and to consent to treatment.

Signature of Examining Physician

Date

Time

Printed Name of Examining Physician

License Number

Printed Name of Patient: _____

Gender: _____

Date of Birth: _____

Race: _____

Social Security Number: _____

Patient's Notice and Acknowledgment

Purchase of Firearms and Application for or Retention of a Concealed Weapons or Firearms License

I, _____ do hereby

(Full printed name of person whose admission is being requested)

confirm I have received written notice of the finding and certification from an examining physician advising if I do not agree to voluntary admission, a petition for involuntary outpatient or inpatient treatment will be filed under s. 394.463(2)(i)4, F.S., or the examining physician certified a petition was filed and I have subsequently agreed to voluntary treatment prior to a court hearing on the petition.

I further acknowledge I understand the doctor who examined me believes I am an imminent danger to myself or to others. I understand if I do not agree to voluntary treatment, a petition will be filed in court to require me to receive involuntary treatment. I understand if that petition is filed, I have the right to contest it. I understand by agreeing to voluntary treatment in either of these situations, I may be prohibited from purchasing firearms and from applying for, or retaining, a concealed weapons or firearms license until I apply for, and receive, relief from that restriction under Florida law.

I understand the Finding and Certification by an Examining Physician of Person's Imminent Dangerousness, this signed Patient's Notice and Acknowledgment, and my Application for Voluntary Admission will be filed with the Court.

Signature of Competent Adult	Printed Name	Date	Time
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Signature of Witness	Printed Name	Date	Time
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Printed Name of Patient: _____	Gender: _____
Date of Birth: _____	Race: _____
Social Security Number: _____	

Application for Voluntary Admission of an Adult (Receiving Facility)

I, _____ do hereby apply for admission to
Full printed name of person whose admission is being requested

Fill in name of facility

for observation, diagnosis, care, and treatment of a mental illness, and I certify the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this facility is:

I am a competent adult with the capacity to make well-reasoned, willful, and knowing decisions concerning my medical or mental health treatment. I do not have a guardian, guardian advocate, or currently have a health care surrogate/proxy making health care decisions for me.

I have have not provided a copy of advance directive(s).

If so, the advance directives include my:

- Living Will
- Health Care Surrogate,
- Mental Health Care Surrogate,
- Other as specified:

I have been provided with a written explanation of my rights as a person on voluntary status and they have been fully explained to me. **I understand this facility is authorized by law to detain me without my consent for up to 24 hours after I make a request for discharge**; unless a petition for involuntary inpatient placement or involuntary outpatient placement is filed with the Court within two (2) court working days of my request for discharge in which case I may be held pending a hearing on the petition.

I understand that I may be billed for the cost of my treatment.

Signature of Competent Adult Date _____ am pm

Printed Name of Witness Signature of Witness Date _____ am pm

No notice of this admission is to be made without the consent of the person except in case of an emergency. The use of this form for a voluntary admission requires that a "Certification of Person's Competence to Provide Express and Informed Consent" be completed within 24 hours and if the form is used for a transfer of a person from involuntary to voluntary status, the "Certification" must be completed prior to the "Application." The "Application" and "Certification" must be placed in the person's clinical record.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____ CASE NO.: _____

**Notification to Court of Withdrawal of Petition
for Hearing on Involuntary Inpatient or Involuntary Outpatient Placement**

YOU ARE HEREBY INFORMED THAT _____
Name of Person
at _____
Facility Name and Address

- has made application by express and informed consent for voluntary admission, due to an improvement in his/her condition.
- was discharged on _____ to _____
Date Destination (if known)
- was transferred on _____ to _____
Date Destination (if known)
- was converted to Marchman Act on _____
Date
- Other (specify): _____

Please withdraw my Petition for:

- Involuntary Outpatient Placement Involuntary Inpatient Placement Continued Involuntary Outpatient Placement

The respondent has or has not been determined to be an imminent danger to self or others.

If yes, the record of the finding, certification, notice, and written acknowledgement is attached to this Notification filed on Date: _____. The Petition for Adjudication of Incompetence to Consent to Treatment and Appointment of a Guardian Advocate, if any, is also being withdrawn.

Signature of Administrator or Designee Date Time

Printed Name of Administrator or Designee

- cc: Clerk of the Court (Probate Division) Person Guardian
 Assistant State Attorney Representative Person's Attorney

When a petition for involuntary placement is withdrawn, the court, state attorney, public defender or other attorney for the person, and guardian or representative must be notified by telephone within one business day of the decision, unless such decision is made within 24 hours prior to the hearing. In such cases, the notification must be made immediately.

Printed Name of Patient: _____ Gender: _____
Date of Birth: _____ Race: _____
Social Security Number: _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____

CASE #: _____

DIVISION: _____

**PETITION FOR RELIEF FROM FIREARM
DISABILITIES IMPOSED BY THE COURT**

1. THIS MATTER is presented to the Court on _____ (date) by Petitioner, _____, on a Petition for Relief from Firearms Disabilities Imposed by the Court on _____.

2. The Petitioner was ordered for:

Ordered to Involuntarily Substance Abuse Assessment and Stabilization (s. 397.6818, F.S.) on _____

Ordered to Involuntary Substance Abuse Treatment (s. 397.6957, F.S.) on _____

Ordered to Involuntary Inpatient Placement (s. 394.467(6), F.S.) on _____

Ordered to Involuntary Outpatient Placement (394.4655, F.S.) on _____

Found by Court to be of Imminent Danger but permitted by physician to transfer to voluntary status in lieu of involuntary placement order above (s. 790.065, F.S.) on _____

Adjudicated incapacitated (s. 744.331, F.S.) or any similar law of any other state on _____

Acquittal by reason of insanity (s. 916.15 F.S.) of a person charged with a criminal offense on _____

Judicial finding that a criminal defendant is not competent to stand trial (s. 916.12, F.S.) on _____

3. The Petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest as follows: _____

4. Based upon these facts, THE FOLLOWING IS REQUESTED:

a. The firearms disability imposed dated _____, be set aside and are no further in force and effect.

b. That pursuant to Florida Statute (790.065), The court shall grant the relief requested in the petition if the court finds, based on the evidence presented with respect to the petitioner's reputation, the petitioner's mental health record and, if applicable, criminal history record, the circumstances surrounding the firearm disability, and any other evidence in

the record, that the petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest.

c. That pursuant to Florida Statute (790.065), the Florida Department of Law Enforcement shall delete any mental health record of _____ from the automated database of persons who are prohibited from purchasing a firearm based on court records.

5. Under penalties of perjury, I declare that I have read the foregoing Petition for Relief from the Firearm Disabilities Imposed by the Court and that the facts stated in it are true.

Signature of Petitioner: _____

Printed Name of Petitioner: _____

Date of Birth: _____

Mailing Address: _____

Race: _____ Gender: _____

Social Security Number: _____

City State Zip

Name and Address of Attorney for Petitioner (if any):

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____

CASE # _____

DIVISION: _____

ORDER ON PETITION FOR RELIEF FROM FIREARM DISABILITIES

THIS MATTER is presented to the Court by Petitioner, _____ on a Petition for Relief from Firearms Disabilities Imposed by the Court as a result of the _____ order issued by the Court on _____ (date).

The Court, having heard testimony and having received other evidence, finds as follows:

1. _____ was ordered to _____
 2. _____ successfully _____
 3. _____ currently lives with _____
works at _____, and _____
- _____

Based on the evidence presented and the Court's conclusions derived therefrom, IT IS THEREFORE ORDERED AND ADJUDGED that:

The firearm disability imposed on _____ shall remain in force and effect and the petition filed on _____ (date) is DENIED.

The firearm disability imposed on _____ on _____ (date) is SET ASIDE and is no further in force and effect.

That pursuant to Florida Statute 790.065, the Court grants relief requested in the petition. With respect to evidence presented as to petitioner's reputation, mental health, the absence of criminal record that would preclude gun ownership, the firearm disability, and other evidence in the record, the petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest.

That pursuant to Florida Statute 790.065, the Florida Department of Law Enforcement shall delete any mental health record of _____ from the automated database of persons who are prohibited from purchasing a firearm based on court records of _____.

DONE AND ORDERED in _____ County, Florida this _____ day of _____, 20____.

Circuit Court Judge

Full Name of Petitioner: _____

Mailing Address: _____

City State Zip

Date of Birth: _____

Race: _____ Gender: _____

Social Security Number: _____

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR _____ COUNTY
PROBATE, GUARDIANSHIP, TRUST AND MENTAL HEALTH DIVISION

IN RE:

CASE NO: _____

(Patient)
(When provided)

DIVISION: _____

Gender: _____ Race: _____

Date of Birth: _____ Social Security Number: _____

ORDER OF COURT:

TO PRESENT RECORD OF FINDING TO FLORIDA DEPARTMENT OF LAW ENFORCEMENT or

REQUIRING FURTHER DOCUMENTATION ON VOLUNTARY TRANSFER

THIS MATTER came before the Court on _____, 20____, upon the filing of a record by _____ (name of receiving facility) on _____, 20____, relating _____ (patient), who is now voluntarily in a mental health treatment facility pursuant to the provisions of Chapter 394, Florida Statutes, and having been considered by the undersigned judge or magistrate, pursuant to Section 790.065, Florida Statutes, and the undersigned having reviewed the filing, finds as follows:

The following records were filed by the administrator of the receiving or treatment facility with the Clerk of the Court for the county in which the involuntary examination occurred:

- Record of findings and certification by examining physician of patient's imminent dangerousness;
- Record of examining physician's certification relating to filing of petition for involuntary treatment
- Record of written notice provided to patient
- Record of patient's written acknowledgement of notice
- Record of application for voluntary admission
- Record Notification to Court of Withdrawal of Petition (when applicable)

The examining physician found that the patient is an imminent danger to himself or herself or others.

The examining physician certified that if the patient did not agree to voluntary treatment, a petition for involuntary outpatient or inpatient treatment would have been filed;

or

The examining physician certified that a petition for involuntary outpatient or inpatient treatment was filed and the patient subsequently agreed to voluntary treatment prior to a court hearing on the petition.

The patient received written notice of that finding and certification, and written notice that as a result of such finding, he or she may be prohibited from purchasing a firearm, and may not be eligible to apply for or retain a concealed weapon or firearms license, and the person acknowledged such notice in writing.

The records described were/were not (circle one) filed within the 24-hour time prescribed by law and computed as specified by Rule of Judicial Administration 2.514, after the patient's agreement to voluntary admission.

Within 24 hours after receipt, computed as specified by Rule of Judicial Administration 2.514, the Clerk of the Court presented the record to the undersigned.

The record supports the classifying of the patient as an imminent danger to self or others and therefore meets the criteria for forwarding to the Florida Department of Law Enforcement.

In consideration of the foregoing it is hereby

ORDERED AND ADJUDGED that the record be submitted to the Florida Department of Law Enforcement within 24 hours for the purpose of entering the patient's name into the National Instant Check System database of people who are prohibited from purchasing firearms. The 24-hour period shall be computed as provided in Rule of Judicial Administration 2.514(a)(2).

or

ORDERED AND ADJUDGED that the record presented to the Court is incomplete and the Court cannot at this time find that the above-referenced patient's voluntary commitment procedure met the requirements of Section 790.065, Florida Statutes, so as to require that he/she be prohibited from purchasing a firearm or that his/her name be added to the FDLE's Mental Competency (MECOM) database. It is therefore further

ORDERED that the _____ (*name of receiving facility*) file with this Court adequate documentation of this voluntary commitment procedure within 3 days. The Court reserves jurisdiction to enter further orders in this matter. It is further

ORDERED that a failure to timely file the documentation requested will result in:

- a.) A dismissal of the matter with prejudice, without further order of this Court,
- b.) The person's record will not be submitted to the FDLE database, and
- c.) The person will not be precluded from purchasing a firearm because of this specifically referenced voluntary admission to a mental institution.

DONE AND ORDERED in Chambers in _____ County, Florida, on _____, 20____.

 Circuit Court Judge
 General Magistrate

Copies to:

- Receiving Facility*
- Patient*
- SAO
- PDO/Patient's Counsel

**The Receiving Facility is to print the patient's copy and provide it to patient at the facility.*