

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

If transport is **not** 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 _____
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 am pm

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 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 **not** conducted by a law enforcement agency, print the name of the organization which will transport the individual to the appropriate receiving facility within the behavioral health receiving system:

(specify facility individual is to be taken)

The law enforcement agency and the mental health overlay program or a mobile crisis response 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 _____
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 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 above-named provider, in accordance with s. 394.462(1), F.S.

Signature of Mental Health Overlay Program or a Mobile Crisis Response Service Representative _____ Date Signed _____ Time Signed am pm

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.