

## Notice of Individual's Admission for Involuntary Examination

Name of Guardian or Representative: \_\_\_\_\_

YOU ARE HEREBY NOTIFIED THAT \_\_\_\_\_

Printed Name of Individual Admitted for Examination

Was admitted to: \_\_\_\_\_ (Name of Facility)

Facility Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ on \_\_\_\_\_ for an involuntary examination.

Facility Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

You are notified of this admission because you have been designated as the individual's  representative and the individual did not object to you being notified or as his or her  guardian. Prompt notice by  telephone or  in person was given to you within 24 hours of the individual's arrival at the facility.

You will be informed of his/her legal proceedings, rights and any restriction of these rights, and of the individual's discharge or transfer to another facility. You have the legal right to petition the Court on the individual's behalf, question the cause and legality of his/her detention in a facility or if you believe the individual is being unjustly denied a right or privilege.

\_\_\_\_\_  
Signature of Administrator or Designee      Date \_\_\_\_\_ Time \_\_\_\_\_ am pm

\_\_\_\_\_  
Printed or Typed Name of Administrator or Designee

An individual may choose his or her representative. Only if the individual is unable or unwilling to designate a representative, the facility shall select a representative. When the facility selects the representative, the selection shall be made from the following list in the order of listing:

- |                          |                      |
|--------------------------|----------------------|
| 1. Health Care Surrogate | 5. Adult Next of Kin |
| 2. Spouse                | 6. Adult Friend      |
| 3. Adult Child           |                      |
| 4. Parent                |                      |

The individual shall be consulted with regard to the selection of a representative by the receiving or treatment facility and shall have authority to request that any such representative be replaced. The following shall not be appointed as the individual's representative: a professional providing services to the individual; the licensed professional who initiated the involuntary examination of the individual; an employee, an administrator, or a board member of the facility providing the examination of the individual; an employee, an administrator, or a board member of a facility providing treatment to the individual; a person providing any substantial professional services to the individual, including clinical services; a creditor of the individual; a person subject to a temporary or final injunction for protection against domestic violence under section 741.30, F.S., and for which the individual was the petitioner; a person subject to a temporary or final injunction for protection against repeat violence, stalking, sexual violence, or dating under section 784.046, F.S., and for which the individual was the petitioner.

Distribution: Check when applicable and initial/date/time when copy is provided.

Person	Date Copy Provided	Method Copy Provided	Time Copy Provided	Initials of Person Providing Copy
<input type="checkbox"/> Guardian			am pm	
<input type="checkbox"/> Representative			am pm	
<input type="checkbox"/> Florida Local Advocacy Council			am pm	
<input type="checkbox"/> Individual's clinical record			am pm	

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