

Transportation to Receiving Facility

Part I: General Information

The circumstances, under which (Name of Person) _____ was taken into custody are as follows:

Time: _____ am pm Date: _____

Place or Facility Name: _____

Pick Up Address: _____

Family members or others present when person was taken into custody			
Name	Address	Relationship	Phone Number
Next of Kin (if known)			

Indicate personal knowledge by family members and others about the person's condition.

Delivered to (Nearest Receiving Facility): _____

Basis for Custody: (Check one) Ex Parte Order Certificate of Mental Health Professional Report of Law Enforcement Officer

Signature of Law Enforcement Officer

Date

Time

_____ am pm

Printed Name of Law Enforcement Officer

Full Name of Law Enforcement Agency

Badge or ID Number

Law Enforcement Case Number

CONTINUED OVER

**Part II - Used When Law Enforcement Consigns Persons to Contract Transport (Page 2)
or to Emergency Medical Personnel**

If transport is used due to the medical condition of the person or due to a county-funded contract with a transport company, print the name of the company _____ which will transport the person to the nearest emergency room in the case of a medical emergency or, if not a medical emergency, to the nearest designated receiving facility _____.
(specify facility to which person 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 person or others.

I, _____ of the _____
Printed Name of Law Enforcement Officer Printed Name of Law Enforcement Agency

and

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 person named above to a receiving facility is no longer the responsibility of law enforcement agency. The responsibility is assumed by the medical transport service in accordance with s. 394.462 (1), F.S.

Signature of Law Enforcement Officer Date Signed _____ Time Signed _____ am pm

Signature of Representative of Medical Transport Service Date Signed _____ Time Signed _____ am pm

This form must be delivered with the person to the receiving facility for inclusion in the clinical record. A copy may be retained by the law enforcement agency and by the medical transport service.