



Report of Law Enforcement Officer Initiating Protective Custody
State of Florida, County of _____, Florida

I, _____, am a law enforcement officer certified by the State of Florida. I have good faith reason to believe that _____ appears to meet the following criteria for protective custody:

- He or she is substance abuse impaired or has a co-occurring mental health disorder and, because of such impairment or disorder:
Has lost the power of self-control with respect to substance abuse; and
Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so impaired that he or she is incapable of appreciating his or her need for such services and of making a rational decision in that regard, although mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services; or
Without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted, or threatened to or attempted to inflict, or, unless admitted, is likely to inflict, physical harm on himself, herself, or another.

Circumstances under which the person was taken into custody and which support this opinion:

Three horizontal lines for writing circumstances.

Signature of Law Enforcement Officer, Date (mm/dd/yyyy), Time (am/pm), Printed Name of Law Enforcement Officer, Full Name of Law Enforcement Agency, Badge or ID Number, Law Enforcement Case Number.

Report of Law Enforcement Officer Initiating Protective Custody

(Page 2)

Transportation to Substance Abuse Provider

Location Found:	Taken To:
-----------------	-----------

Family members or others present when person was taken into custody:

Name #1	Relationship	Phone Number
Address of Name #1		

Name #2	Relationship	Phone Number
Address of Name #2		

Name #3	Relationship	Phone Number
Address of Name #3		

Name #4	Relationship	Phone Number
Address of Name #4		

Next of kin and contact information (if known):
--

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

This written report shall be included in the person's clinical record.