

IN THE CIRCUIT COURT OF THE  
ELEVENTH JUDICIAL CIRCUIT IN AND  
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO. 14-01  
(Court Administration)

ADMINISTRATIVE ORDER NO. 14-03

IN RE: PROCEDURES TO PROHIBIT  
THE PURCHASE OF FIREARMS AND ELIGIBILITY  
TO APPLY FOR OR RETAIN A CONCEALED  
WEAPON OR FIREARMS LICENSE  
BY MENTALLY ILL PERSONS

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**WHEREAS**, the Legislature has enacted House Bill 1355, which became Chapter 2013-249, Laws of Florida, effective July 1, 2013; and

**WHEREAS**, this bill, entitled "[A]n act relating to the purchase of firearms by mentally ill persons," amends Section 790.065(2)(a), Florida Statutes and provides conditions under which a person who has been transferred to voluntary status at a mental institution for treatment and who has been found to be imminently dangerous will be prohibited from purchasing a firearm and would not be eligible to apply for or retain a concealed weapon or firearms license under Section 790.06, Florida Statutes ("Act"); and

**WHEREAS**, this Act does not change existing procedures for reporting involuntary placement and the resulting prohibition on such persons purchasing a firearm; however, the Act does create a new matter to be brought before the Court for persons transferred to voluntary status with time limits established by law; and

**WHEREAS**, accordingly, new procedures need to be implemented in the Eleventh Judicial Circuit to comply with the new law; and

**WHEREAS**, the House Bill 1355 Implementation Workgroup ("Workgroup") was established by the Florida Department of Law Enforcement ("FDLE") to assist in implementing the new law; and

**WHEREAS**, the Workgroup developed process workflows and sample forms to clarify the process, attached hereto as Attachments "A" through "I", which are incorporated by reference herein;

**NOW, THEREFORE**, in accordance with the Act, and pursuant to the authority vested in me as Chief Judge of the Eleventh Judicial Circuit under Rule 2.215 of the Rules of Judicial Administration, the following procedures are hereby established:

I. Within 24 hours after a qualifying person's agreement to a voluntary admission at a mental institution, the administrator of the receiving or treatment facility must file with the Clerk of Court (Clerk):

a. The examining physician's finding that the person is an imminent danger to himself or herself or others, to include, but not limited to, a description of the person's behavior that led to the finding;

b. The examining physician's certification that if the person did not agree to voluntary treatment that a petition for involuntary outpatient or inpatient treatment would have been filed under Section 394.463(2)(i)4, Florida Statutes, or a petition for involuntary treatment was filed and the person subsequently agreed to voluntary treatment prior to a court hearing on the petition. (See Attachment F, Finding and Certification by an Examining Physician of Person's Imminent Dangerousness);

c. Written notice of the examining physician's finding and certification that the person received prior to agreeing to voluntary treatment, which contained a statement that the person would be prohibited from purchasing a firearm and would not be eligible to apply for or retain a concealed weapon or firearms license under Section 790.06, Florida Statutes; and

d. The person's written acknowledgment that he/she understands the above-described findings. (See Attachment G, Patient's Notice and Acknowledgment, Purchase of Firearms and Application for or Retention of a Concealed Weapon or Firearms License, and Attachment H, Application for Voluntary Admission of an Adult).

II. If applicable, the administrator of the receiving or treatment facility may file with the Clerk Attachment I, Notification to the Court of Withdrawal of Petition For Hearing on Involuntary Inpatient or Involuntary Outpatient Placement.

III. Any forms filed with the Court should be completed in their entirety and submitted with Attachment E, Cover Sheet, Confidential Information, which contains a checklist of the forms being filed with the Clerk.

IV. The Clerk is required to transmit the filing to the Court within 24 hours. Further, the Clerk shall transmit the Court's order, which directs the entry of the record in the FDLE database, to the FDLE within 24 hours of receipt of the order.

V. While the Act does not specify a method of computing these 24 hour time periods, Rule of Judicial Administration 2.514 provides that when a statute does not specify a method of computing time, time is computed as specified in the Rule. Accordingly, Rule 2.514(2)(c) provides that when the period is stated in hours, and

when a time period would end on a Saturday, Sunday, or legal holiday, or during any period of time extended through an order of the Chief Justice, the period continues to run until the same time on the next day that is not a Saturday, Sunday, or legal holiday and does not fall within any period of time extended through an order of the Chief Justice.

**FURTHER**, the Clerk of the Courts is hereby ordered and directed to:

1. Comply with the statutory time periods as computed in accordance with Rule of Judicial Administration 2.541. The Clerk is not required to perform any duties required under the Act on weekends, holidays, or during periods of time extended by the Chief Justice.

2. Upon receipt of a filing to exclude a voluntarily admitted person from purchasing a firearm and being eligible to apply for a concealed weapon or firearms license, the Clerk, pursuant to Section 790.065, Florida Statutes, must present the filings to the Court within 24 hours of receipt of the filing. The 24 hour period shall be computed as provided in Rule of Judicial Administration 2.514(a)(2). The filings must be provided by the Clerk to the General Magistrate, or Circuit Court Judge if the General Magistrate is not available, in the Probate and Guardianship Division, who will review the matter.

3. Upon reviewing the matter, use the following:

(i) Attachment "J", Confidential Ex Parte Order Directing Entry of Record in FDLE's Database of Persons Prohibited from Purchasing Firearms and Ineligible to Apply for or Retain a Concealed Weapon or Firearms License; or

(ii) Attachment "K", Confidential Ex Parte Interim Order Requiring Further Documentation Regarding Firearm Prohibition and Ineligibility to Apply for or Retain a Concealed Weapon or Firearms License; or

(iii) Attachment "L", Confidential Ex Parte Order Not Directing Entry of Record in FDLE's Database of Persons Prohibited from Purchasing Firearms and Ineligible to Apply for or Retain a Concealed Weapon or Firearms License.

4. In the event the Clerk has not received an order from the Court within 72 hours after submission of the filings to the Court as described above, the Clerk shall notify the Administrative Judge of the Probate Division by telephone and e-mail. The 72 hour period shall be computed as provided in the Rule of Judicial Administration 2.514(a)(2).

5. If the Court orders that the record be submitted to the FDLE, the Clerk must submit the record to the FDLE within 24 hours of receipt of the order from the Court. The 24 hour period shall be computed as provided in Rule of Judicial Administration 2.514(a)(2).

6. To effectuate the requirements enumerated under the Act, the Clerk shall perform the following:

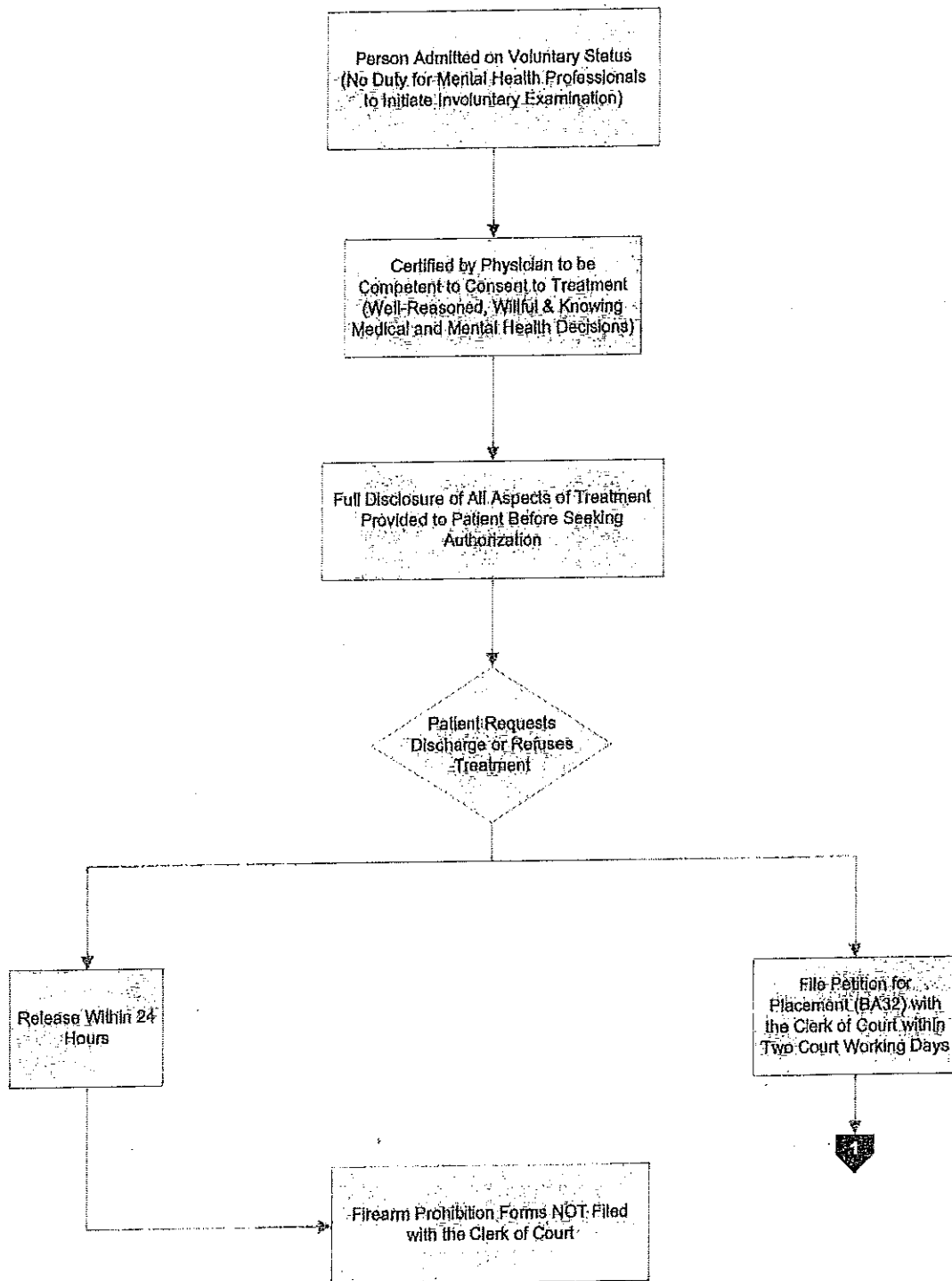
- a. Create a new case type and/or docket code for these submissions.
- b. Track the number of submissions made under this Act.
- c. Report any problems with these procedures to the Administrative Judge of the Probate Division.

This Administrative Order shall take effect immediately upon execution, and shall remain in effect until further order of the Court.

**DONE AND ORDERED** in Chambers at Miami-Dade County, Florida, this 18th day of March, 2014.

**BERTILA SOTO, CHIEF JUDGE  
ELEVENTH JUDICIAL CIRCUIT OF FLORIDA**

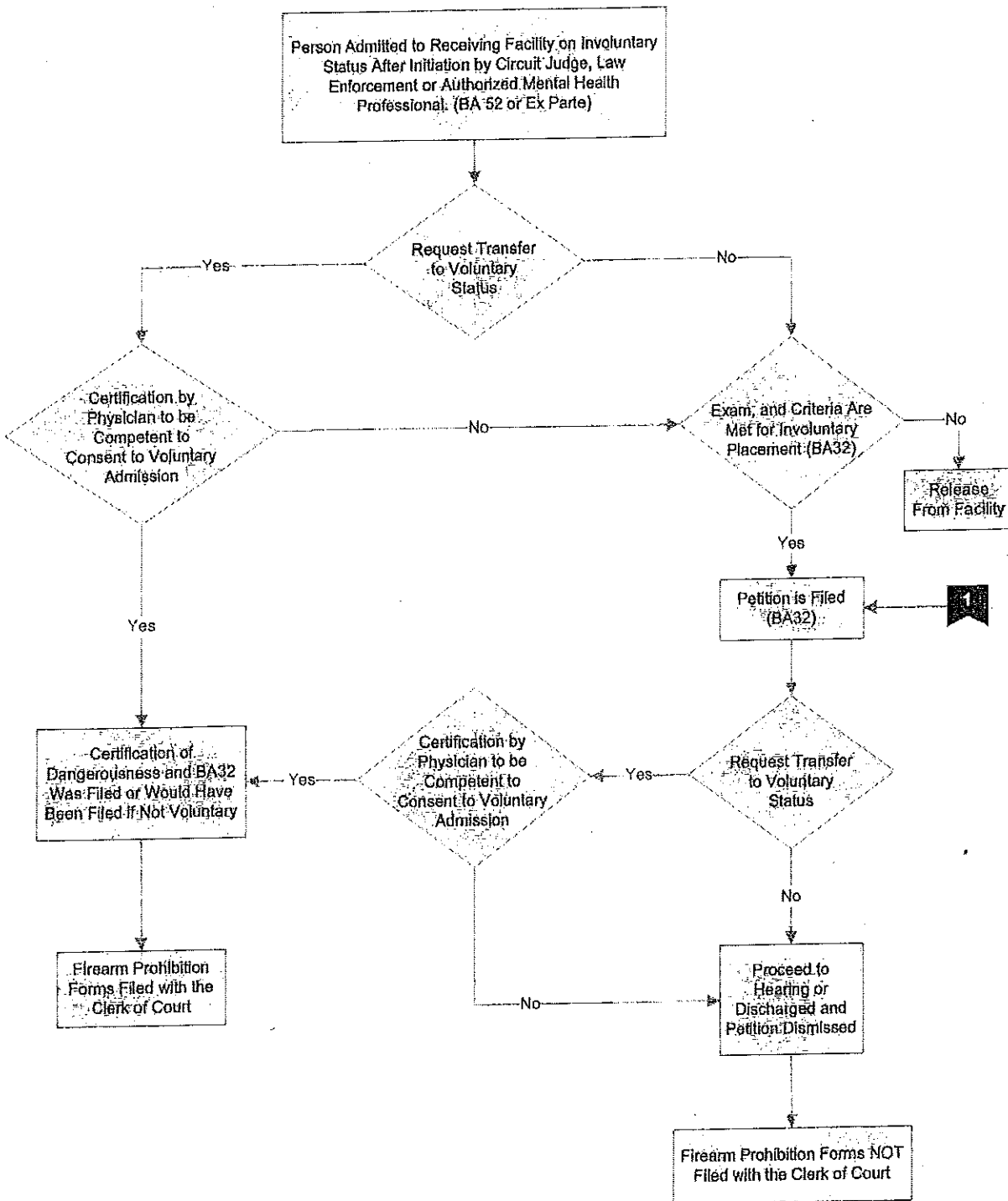
# Admission by Voluntary Status



Revised 10/28/2013

HB 1355 IMPLEMENTATION WORKGROUP

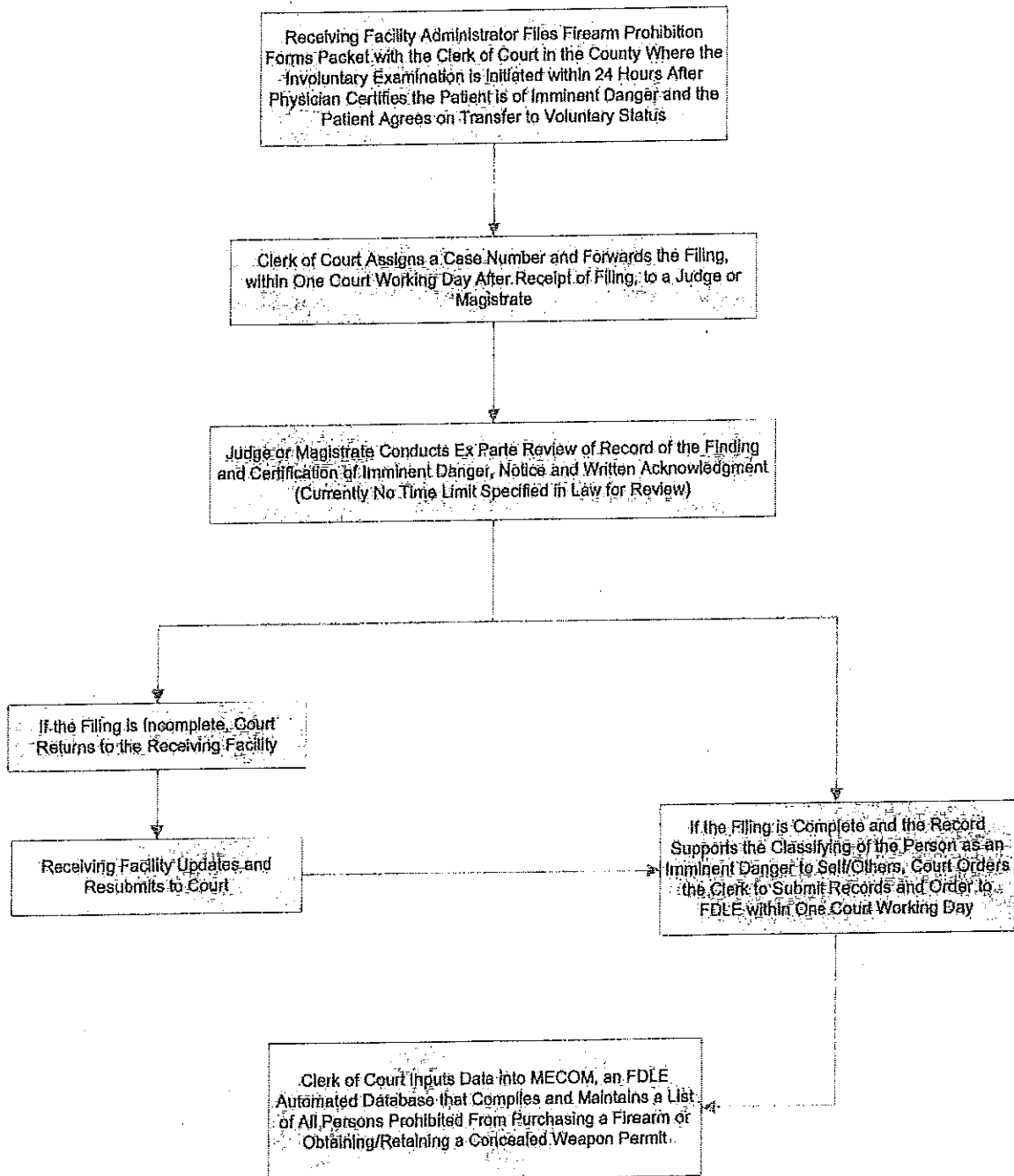
# Admission by Involuntary Status



Revised 10/28/2013

HB 1355 IMPLEMENTATION WORKGROUP

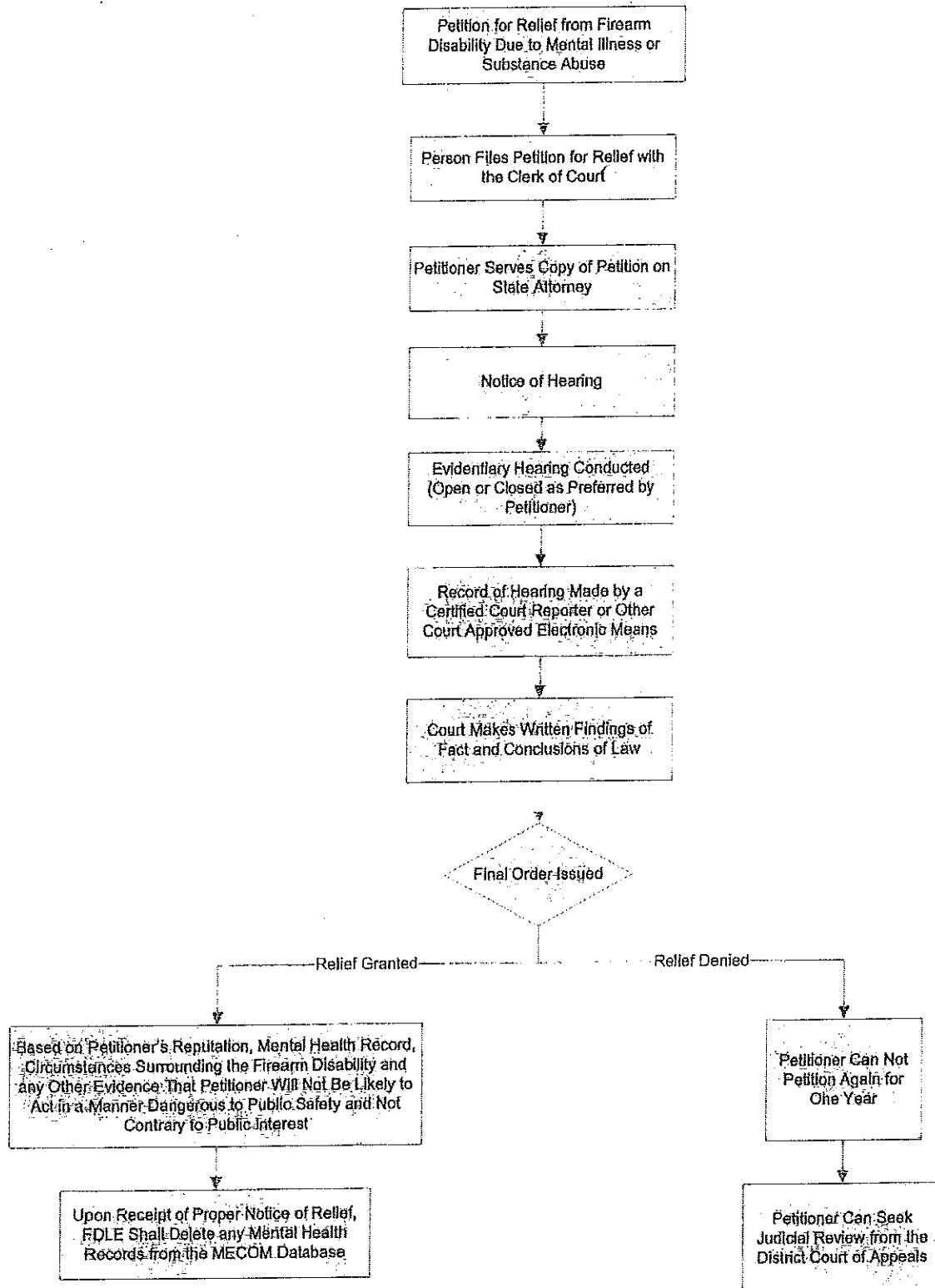
# Firearm Prohibition Form



Revised 10/28/2013

HB 1355 IMPLEMENTATION WORKGROUP

# Petition for Relief



Revised 10/28/2013

HB 1355 IMPLEMENTATION WORKGROUP

## 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 Weapon or Firearms License By Persons who have a Mental Illness and are Deemed Imminently Dangerous

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

- ☐ Findings and Certification by an examining Physician that the individual is in an imminent danger to self or others
- ☐ Notice to and Acknowledgement by Person (patient)
- ☐ Application for Voluntary Admission
- ☐ Withdrawal of Petition for Involuntary Placement (if applicable)

\_\_\_\_\_  
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: \_\_\_\_\_

See s. 394.463(2)(i)4, 790.06 and 790.065 Florida Statutes  
Confidential Information  
Revised 10/8/13

**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 that this individual is an imminent danger to self or others based on the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Check One

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

I have found that 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: \_\_\_\_\_

See s. 790.06 and 790.065 Florida Statutes  
Confidential Information  
Revised 11/4/13

**Patient's Notice and Acknowledgment**  
**Purchase of Firearms and Application for or Retention of a**  
**Concealed Weapon or Firearms License**

I, \_\_\_\_\_ do hereby

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

confirm that I have received written notice of the finding and certification from an examining physician advising that 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, or the examining physician certified that a petition was filed and I have subsequently agreed to voluntary treatment prior to a court hearing on the petition.

I further acknowledge that I understand that the doctor who examined me believes I am an imminent danger to myself or to others. I understand that if I do not agree to voluntary treatment, a petition will be filed in court to require me to receive involuntary treatment. I understand that if that petition is filed, I have the right to contest it. I understand that 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.

|                                                     |              |      |      |
|-----------------------------------------------------|--------------|------|------|
| Signature of Competent Adult or<br>Minor's Guardian | Printed Name | Date | Time |
|-----------------------------------------------------|--------------|------|------|

|                      |              |      |      |
|----------------------|--------------|------|------|
| Signature of Witness | Printed Name | Date | Time |
|----------------------|--------------|------|------|

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

See s. 394.463(2)(i)4, 790.06 and 790.065, Florida Statutes  
Confidential Information  
Revised 10/8/13

## Application for Voluntary Admission - Minors

I \_\_\_\_\_ do hereby apply on behalf of  
Full printed name of guardian of minor whose admission is being requested

\_\_\_\_\_ for admission to \_\_\_\_\_  
Full printed name of minor Name of facility

for observation, diagnosis, care, and treatment of a mental illness, and I certify that 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 so me and the minor so we can make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for admission to this facility is: \_\_\_\_\_

As guardian of this minor, I am a competent adult with the capacity to make well-reasoned, willful, and knowing decisions concerning medical or mental health treatment. I understand that I must keep the facility informed of my whereabouts during the time of this admission.

The minor and I have been provided with a written explanation of rights of a person on voluntary status and they have been fully explained to us. I understand that this facility is authorized by law to detain the minor without my consent for up to 24 hours after I or the minor make a request for discharge from a receiving facility; unless a petition for involuntary placement is filed with the Court as required by law within two (2) court working days of the request for discharge.

I understand that I may be billed for the cost of the minor's treatment.

\_\_\_\_\_  
Printed Name of Guardian      Signature of Guardian      Date      \_\_\_\_\_ am pm

\_\_\_\_\_  
Printed Name of Witness      Signature of Witness      Date      \_\_\_\_\_ am pm

I agree with the decision for me to be voluntarily admitted to this facility. This agreement is being given without any element of force, fraud, deceit, duress, or other form of constraint or coercion. I have been provided with a written explanation of my rights and they have been fully explained to me.

\_\_\_\_\_  
Printed Name of Minor      Signature of Minor      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 minor's guardian except in case of an emergency. The original of this signed form must be filed in the clinical record.**

**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 that 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 that 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.

|                                       |                               |               |                     |
|---------------------------------------|-------------------------------|---------------|---------------------|
| _____<br>Signature of Competent Adult | _____<br>Date                 | _____<br>Time | am pm               |
| _____<br>Printed Name of Witness      | _____<br>Signature of Witness | _____<br>Date | _____<br>Time 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: \_\_\_\_\_

Confidential Information  
Revised 10/8/13

IN THE CIRCUIT COURT OF THE ELEVENTH  
JUDICIAL CIRCUIT IN AND FOR MIAMI - DADE  
COUNTY, FLORIDA

PROBATE DIVISION:  
CASE NUMBER:

IN RE:

\_\_\_\_\_ /

**ORDER OF COURT**

**Confidential Ex Parte Order Directing Entry of Record in FDLE'S DataBase  
of Persons Prohibited from Purchasing Firearms and Ineligible to  
Apply for or Retain a Concealed Weapon or Firearms License**

This Cause came before the Court on [\_\_\_\_\_] (date)], upon the filing of a record  
by [\_\_\_\_\_] (name of receiving facility)] on  
[\_\_\_\_\_] (date)] to determine if [\_\_\_\_\_] (person)] may be  
prohibited from purchasing a firearm and would not be eligible to apply for or retain a concealed weapon  
or firearms license under Section 790.06, Fla. Stat., because of his/her transfer to voluntary status at a  
mental institution for outpatient or inpatient treatment after an involuntary examination under section  
394.463, Florida Statutes.

The Court, having reviewed the following records:

\_\_\_\_\_ The examining physician's finding that the person is an imminent danger to himself/herself or  
others; and

\_\_\_\_\_ The examining physician's certification that:

\_\_\_\_\_ if the person did not agree to voluntary treatment that a petition for involuntary  
outpatient or inpatient treatment would have been filed under section 394.463(2)(i)4; or

\_\_\_\_\_ a petition for involuntary treatment was filed and the person subsequently  
agreed to voluntary treatment prior to a court hearing on the petition; and

\_\_\_\_\_ The written notice of the examining physician's finding and certification that the person received  
prior to agreeing to voluntary treatment, and which contained a statement that he/she would be prohibited

Case No: \_\_\_\_\_

from purchasing a firearm and would be ineligible to apply for or retain a concealed weapon or firearms license under section 790.06; and

\_\_\_\_\_ The above-named person's written acknowledgment that he/she understands the above-described finding, certification and notice;

**FINDS** the record supports the classification of [\_\_\_\_\_ (person)] as an imminent danger to himself/herself or others and hereby **ORDERS** that such record be submitted by the Clerk to the Florida Department of Law Enforcement in accordance with Section 790.065, Florida Statutes. The Clerk of Court is **DIRECTED** to forward the record and this Order to the Florida Department of Law Enforcement within 24 hours of the entry of this Order.

**DONE** and **ORDERED** in Chambers this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, Miami-Dade County, Florida.

\_\_\_\_\_  
☐ **GENERAL MAGISTRATE**  
☐ **CIRCUIT COURT JUDGE**

Copies furnished to:

- ☐ Receiving/Treatment Facility Administrator;
- ☐ [\_\_\_\_\_ (above-named person)]\*
- ☐ SAO
- ☐ PDO/above-named person's Counsel.

*\* The Receiving /Treatment Facility is to print the above-named person's copy and provide it to the person at the facility.*

IN THE CIRCUIT COURT OF THE ELEVENTH  
JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE  
COUNTY, FLORIDA

IN RE:

\_\_\_\_\_ /

PROBATE DIVISION:

CASE NUMBER:

**ORDER OF COURT**

**Confidential Ex Parte Interim Order Requiring Further  
Documentation Regarding Firearm Prohibition and Ineligibility  
to Apply for or Retain a Concealed Weapon or Firearms License**

This Cause came before the Court on [\_\_\_\_\_] (date)], upon the filing of a record by [\_\_\_\_\_] (name of receiving facility)] on [\_\_\_\_\_] (date)] to determine if [\_\_\_\_\_] (person)] may be prohibited from purchasing a firearm and would not be eligible to apply for or retain a concealed weapon or firearms license under Section 790.06, Fla. Stat., because of his/her transfer to voluntary status at a mental institution for outpatient or inpatient treatment after an involuntary examination under section 394.463, Florida Statutes.

The Court, having reviewed the submitted documentation, **FINDS** as follows:

\_\_\_\_\_ The examining physician's finding that the person is an imminent danger to himself/herself or others is missing or incomplete; and/or

\_\_\_\_\_ The examining physician's finding that the person is an imminent danger to himself/herself or others lacks a description of the person's behavior that resulted in such a finding and must be supplemented; and/or

\_\_\_\_\_ The examining physician's certification that if the person did not agree to voluntary treatment that a petition for involuntary outpatient or inpatient treatment would have been filed under section 394.463(2)(i)4, OR a petition for involuntary treatment was filed and the person subsequently agreed to voluntary treatment prior to a court hearing on the petition is incomplete or inadequate because:

\_\_\_\_\_ The written notice of the examining physician's finding and certification that the person received prior to agreeing to voluntary treatment, and which contained a statement that he/she would be prohibited from purchasing a firearm and would not be eligible to apply for or retain a concealed weapon or firearm license under section 790.06 is missing or incomplete; and/or

\_\_\_\_\_ The above-named person's written acknowledgment that he/she understands the

Case No: \_\_\_\_\_

above-described finding, certification and notice is missing or incomplete; and/or

\_\_\_\_\_ The above-named person's written acknowledgment that he/she understands the above-described finding, certification and notice contains the notation that the acknowledgment was refused; and/or

\_\_\_\_\_ Other: \_\_\_\_\_

Based upon the above findings of fact, it is hereby **ORDERED**:

1. That the above-named person's voluntary commitment procedure has not met the requirements of Section 790.065, Florida Statutes, so as to require that he/she be prohibited from purchasing a firearm and ineligible to apply for or retain a concealed weapon or firearms license.

2. That the examining physician's file with this Court adequate documentation of the voluntary commitment procedure within three (3) court working days.

3. That the Court reserve jurisdiction to enter further orders in this matter.

4. That failure to timely file the documentation requested will result in:

- a. A dismissal of the matter without further order of this court; and
- 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 or being eligible to apply for a concealed weapon or firearms license because of a transfer to voluntary status at a mental institution.

**DONE** and **ORDERED** in Chambers this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, Miami-Dade County, Florida.

\_\_\_\_\_  
☐ **GENERAL MAGISTRATE**  
☐ **CIRCUIT COURT JUDGE**

Copies furnished to:

- ☐ Receiving/Treatment Facility Administrator;
- ☐ [\_\_\_\_\_] (above-named person)]\*
- ☐ SAO
- ☐ PDO/above-named person's Counsel

*\* The Receiving /Treatment Facility is to print the above-named person's copy and provide it to the person at the facility.*

[IN THE CIRCUIT COURT OF THE ELEVENTH  
JUDICIAL CIRCUIT IN AND FOR MIAMI - DADE  
COUNTY, FLORIDA

PROBATE DIVISION:  
CASE NUMBER:

IN RE:

\_\_\_\_\_ /

**ORDER OF COURT**

**Confidential Ex Parte Order Directing that No Entry of Record be made in FDLE'S DataBase  
of Persons Prohibited from Purchasing Firearms and Ineligible to Apply for or Retain a  
Concealed Weapon or Firearms License**

This Cause came before the Court on [\_\_\_\_\_ (date)], upon the filing of a record  
by [\_\_\_\_\_ (name of receiving facility)] on  
[\_\_\_\_\_ (date)] to determine if [\_\_\_\_\_ (person)] may  
be prohibited from purchasing a firearm and would not be eligible to apply for or retain a concealed  
weapon or firearms license under Section 790.06, Fla. Stat., because of his/her transfer to voluntary status  
at a mental institution for outpatient or inpatient treatment after an involuntary examination under section  
394.463, Florida Statutes.

The Court, having reviewed the following records:

\_\_\_\_\_ The examining physician's finding that the person is an imminent danger to himself/herself or  
others; and

\_\_\_\_\_ The examining physician's certification that:

\_\_\_\_\_ if the person did not agree to voluntary treatment that a petition for involuntary  
outpatient or inpatient treatment would have been filed under section 394.463(2)(i)4, or

\_\_\_\_\_ a petition for involuntary treatment was filed and the person subsequently  
agreed to voluntary treatment prior to a court hearing on the petition; and

\_\_\_\_\_ The written notice of the examining physician's finding and certification that the person received  
prior to agreeing to voluntary treatment, and which contained a statement that he/she would be prohibited  
from purchasing a firearm and would be ineligible to apply for or retain a concealed weapon or firearms  
license under section 790.06; and

\_\_\_\_\_ The above-named person's written acknowledgment that he/she understands the above-described  
finding, certification and notice;

Case No: \_\_\_\_\_

**FINDS** the record does **NOT** support the classification of the above-named person as an imminent danger to himself/herself or others and hereby **ORDERS** that **No Entry** of such record be submitted by the Clerk to the Florida Department of Law Enforcement's database in accordance with Section 790.065, Florida Statutes.

**DONE and ORDERED** in Chambers this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, Miami-Dade County, Florida.

\_\_\_\_\_  
☐ **GENERAL MAGISTRATE**  
☐ **CIRCUIT COURT JUDGE**

Copies furnished to:

- ☐ Receiving/Treatment Facility Administrator;
- ☐ [\_\_\_\_\_] (above-named person)]\*
- ☐ SAO
- ☐ PDO/above-named person's Counsel

*\* The Receiving /Treatment Facility is to print the above-named person's copy and provide it to the person at the facility.*