

BAKER ACT INFORMATION SHEET

RE: _____ Case Number _____
Division _____

Patient's Street Address: _____
Directions on how to reach address from the Sheriff's Department or Police Department: _____

Physical Description Of Patient: Male Female
Race: _____ Ethnicity: _____ Date Of Birth: _____ Weight: _____
Height: _____ Hair Color: _____ Wears Glasses? Yes No
Distinguishing Feature(s): _____
Does patient have access to weapons such as guns or knives? Yes No
If yes, please provide any information available: _____

WILL PATIENT BE AGGRESSIVE AND/OR VIOLENT WHEN POLICE OFFICER ARRIVES?
 YES NO UNCERTAIN **WILL PATIENT RUN?** _____
SHOULD THE POLICE OFFICER TAKE BACK-UP WITH THEM? YES NO
If yes, please provide any information available: _____

Are there any dogs in the home or yard? Yes No
If yes, are they aggressive? Yes No

Name and phone number of person officer can call if unable to serve patient or if he/she desires any additional information: _____

Description of Automobile Patient Is Driving: Year: _____ Make: _____
Color _____ Tag Number _____

Possible location of Patient if not at Home Address: _____
Directions: _____

Please note any additional information that may be of help to the officer: _____

Signature: _____