A FAST-ANSWER GUIDE TO THE FLORIDA BAKER ACT

BAKER ACTED

What Every Family Needs to Know in the First 72 Hours

Astor Simovitch Law
Mental Health & Addiction Specialists

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Baker Acted

What Every Family Needs to Know in the First 72 Hours

By Mark G. Astor, Esquire

Founder, Astor Simovitch Law

Creator of the Fourth Door Method™

We Save Families®

BakerActAttorneys.com | (561) 419-6095

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A Note Before You Start

This book is dedicated to every mom, dad, sister, brother, and spouse who has found themselves, or a loved one, caught inside Florida's mental health system. Thank you for trusting us to help you protect the rights the law already gives you.

I wrote the first version of this guide years ago, back when I was answering the same questions over and over at two in the morning. Since then, the law hasn't stood still, and neither have we. This edition corrects a few things the old one got wrong, adds the pieces families kept asking about that weren't in there before, and gives you tools you can actually use, not just read.

You will not find this book padded with filler. Every chapter answers one question. If you know what you're looking for, go straight to it in the table of contents. If you don't, start at the beginning and keep flipping. Either way, you should be able to find your answer in under a minute.

One more thing, before you read another page: if your loved one is on a hold right now, the clock is already running. Reading is good. Reading and calling is better. (561) 419-6095. We answer.

How This Book Works

Every chapter in this book answers exactly one question, in plain English, in about a page. There is no chapter you need to read to understand another one. Skip around. Read it out of order. Read only the three chapters that apply to your situation tonight and come back for the rest later.

Statute citations appear in parentheses so you can look up the actual law if you want to, but you never have to. Everything here is written so you understand what it means without a law degree.

Wherever you see the phone number, it means: this is the point where a lawyer, not a book, is what actually moves your loved one closer to release.

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1 What Is the Baker Act?

The Baker Act is the common name for Florida's Mental Health Act of 1971, found at Chapter 394 of the Florida Statutes. It allows the State of Florida to take temporary care, custody, and control of a person believed to have a mental illness who, because of that illness, may be a danger to themselves or others, or unable to care for themselves.

It was written as an emergency tool, meant to be used for the shortest time necessary, in the least restrictive setting available. That intent matters, because it is the standard every hold is supposed to be measured against, and it is very often not what actually happens.

> **Practitioner's note:** *the law has a built-in exclusion list that most families never hear about, and it may be the single most useful fact in this entire book. You will find it in Chapter 5.*

(Fla. Stat. §§ 394.451, 394.453, 394.455)

2 How Does Someone Get Baker Acted?

Just like an arrest, it only takes two things to start a Baker Act: a finger, and someone willing to point it. That finger can point three different ways.

1. A police officer who comes upon someone and has grounds to believe they meet the criteria, often the result of a 911 call.
2. A qualified professional, such as a physician or clinician, who executes a certificate authorizing law enforcement to transport the person to a receiving facility.
3. A judge, through an emergency ex parte order, after someone petitions the local courthouse for the pickup of an individual believed to meet criteria.

Notice what is not on that list: a family member, on their own, simply deciding it should happen. Anyone can call for help, but an actual hold requires one of these three to act. We cover what the person calling for help should know in Chapter 36.

(Fla. Stat. § 394.463(1))

3 How Long Can Someone Be Held?

An individual, minor or adult, can be held for up to seventy-two hours for the purpose of examination and stabilization. That window can extend if the 72 hours would otherwise expire on a weekend or holiday and the facility intends to file for a longer placement (see Chapter 10).

Once the examination period ends, the facility has to do one of a short list of things: it cannot simply keep someone indefinitely without taking one of those specific next steps. We list all four in Chapter 9.

If the facility instead files a Petition for Involuntary Placement, it is asking the court for permission to hold your loved one for longer, potentially up to six months. That is a different legal stage entirely, covered starting in Part Two.

(Fla. Stat. § 394.463(2))

4 When Does the Clock Actually Start?

The 72-hour examination period begins the moment your loved one arrives at the receiving facility. Not when police were called. Not when a school made its decision. Not when transport began. Arrival at the facility door is what starts the clock, and it is worth confirming that exact time and writing it down the moment you learn where your loved one has been taken.

THE 72-HOUR CLOCK

HOUR 0
Arrival at the receiving facility. The clock starts here.

HOUR 24
A prompt physical examination should have happened. For a minor, the examination itself must begin within 12 hours.

HOUR 72
Release, voluntary status, outpatient, or a petition to the court.

If hour 72 lands on a weekend or legal holiday and the facility intends to petition, the hold can run through the next working day (Chapter 10).

This single fact resolves more confused phone calls than almost anything else in this book. Families frequently believe the clock started hours earlier than it did, which changes when they expect a decision and when they should expect to hear something.

(Fla. Stat. § 394.463(2)(g))

5 Does Substance Use or Drinking Alone Qualify Someone for a Baker Act?

This is the most important legal fact in this entire book, and it was missing from every earlier version of this guide.

The Baker Act runs on a specific legal definition of "mental illness" (Fla. Stat. § 394.455), and that definition has an exclusion list built directly into it. The statute is explicit that the term does not include a developmental disability, intoxication, or a condition manifested only by dementia, a traumatic brain injury, antisocial behavior, or substance use disorder.

In plain English: being drunk, being high, or being in active addiction, by itself, is not supposed to be a legal basis for a Baker Act hold. If that is the entire story behind your loved one's hold, with nothing else present, you may have one of the strongest release arguments that exists under this statute.

This is also exactly why the Marchman Act exists, a separate Florida law built specifically to address substance use crises the Baker Act was never meant to reach. If that is what your family is actually facing, ask us about it. It is a door of its own.

(Fla. Stat. §§ 394.455, 394.463(1))

6 What Are My Loved One's Rights?

The Baker Act statute grants a long list of rights, but only a handful matter when the clock is running. Here is the short version, and then the real list.

The short version: your loved one has the right to hope the facility releases them, and the right to actually fight for that release. Everything below is what fighting for it looks like in practice.

- A prompt physical examination, generally within 24 hours of arrival.
- The right to communicate, by phone, mail, and visitors, subject only to limits a qualified professional actually imposes for a real clinical reason.
- The right to an attorney, and to be told about that right.
- The right to treatment in the least restrictive setting consistent with their condition, not simply whatever bed happens to be open.
- The right to petition for a writ of habeas corpus, which is the formal mechanism to ask a court to review whether the detention is lawful, at any time, without notice to the facility.
- The right to express and informed consent before treatment, and the right to have their personal effects and dignity protected.

(Fla. Stat. § 394.459)

7 Will My Family Get Notified If I Am Baker Acted?

In theory, the facility is supposed to notify an emergency contact. In practice, that does not always happen, and delayed or absent notification is one of the more common complaints we hear from families.

If your family is on the outside and has not heard from the facility, do not wait for them to call you. Call the facility directly, ask specifically who your loved one's treating physician is, and start documenting every call, every name, and every time. Chapter 32 gives you a full checklist for exactly this.

8 Who Can Actually Approve a Release, and Why Does the Front Desk Keep Saying No?

This is one of the most frustrating moments for families, and it is usually not obstruction, it is structure. A patient cannot be released without the documented approval of a psychiatrist, or a clinical psychologist with at least three years of clinical experience. If the facility is owned or operated by a hospital, health system, or nationally accredited community mental health center, a psychiatric nurse acting under an established protocol, or an attending emergency department physician experienced in diagnosing and treating mental illness, can also approve release.

There is one restriction worth knowing: if a psychiatrist personally initiated the involuntary examination, a psychiatric nurse generally cannot be the one to approve release, unless that same psychiatrist signs off.

Here is something the front desk rarely volunteers: that approval can happen by telehealth. The approving professional does not have to be standing in the building. If you are told release cannot happen because "the doctor isn't here," that is worth pushing on, directly and specifically.

(Fla. Stat. § 394.463(2)(f))

9 What Are the Four Ways a Hold Can End?

Within the examination period, a facility is required to do one of exactly four things with your loved one, based on their individual needs:

1. Release them outright, unless they are also facing criminal charges, in which case they are returned to law enforcement custody.
2. Release them for voluntary outpatient treatment.
3. Ask for their express and informed consent to stay on as a voluntary patient.
4. File a Petition for Involuntary Placement with the court, asking for authority to hold them longer.

That fourth option is the one that turns a 72-hour question into a court case. If you are ever unsure where things stand, ask the facility directly: are you preparing a petition on my loved one? You are entitled to a straight answer, and their answer tells you exactly how urgent your next move needs to be.

(Fla. Stat. § 394.463(2))

10 The Friday Night Problem: What a Weekend or Holiday Does to the Clock

This detail catches more families off guard than almost any other, and it deserves its own chapter. If the 72-hour examination period would end on a weekend or a legal holiday, and the facility intends to file a petition, the facility is permitted to hold your loved one through the next working day, and the petition must be filed by the close of business that day. If the facility misses that deadline, your loved one must be released.

Translate that into real terms: a Friday night hold and a Monday morning hold are not the same situation. "Held for 72 hours" does not necessarily mean "out by Sunday." If your loved one was taken in on a Friday, plan for the possibility that nothing changes until Monday or Tuesday, and use that extra time, not lose it.

(Fla. Stat. § 394.463(2)(g))

11 Should I Wait to Take Action?

In our experience, from handling a great many of these cases, Baker Act matters are typically won or lost by whichever side reaches the courthouse first.

If you wait, you risk the facility filing its Petition for Involuntary Placement first, which means you spend your time responding to the facility's doctors instead of setting the terms yourself. If you act first, by seeking your loved one's release through the proper legal channel, the facility now has to respond to allegations of improper conduct or a rights violation, on your timeline instead of theirs.

Play offense, not defense. It is a better position to be in every time.

12 What Are the Signs the Facility Plans to Keep My Loved One?

Based on a great many cases, a pattern shows up again and again among facilities inclined to abuse this statute. Watch for:

1. **Your loved one has health insurance.** Some facilities bill for every day, every pill, and every therapy session, which creates a financial incentive to keep beds filled.
2. **They are being started on new medications** they have never taken before, often sedating ones that can make someone appear drowsy, sick, or even catatonic.
3. **They are being denied medications they were already stable on,** which can cause real instability and, ironically, help build a case for further detention.
4. **You have been cut off from them,** despite a signed release of information, despite repeated calls.
5. **They tell you, once you finally reach them,** that they have been prevented from contacting anyone, even after repeated requests.

None of these signs are proof of wrongdoing on their own. Together, and especially in combination, they are worth taking seriously and worth documenting the moment you notice them.

13 What Happens at a Baker Act Hearing?

A Baker Act hearing happens after the facility has filed its Petition for Involuntary Placement. Because that filing is confidential, you will often not know a hearing is scheduled until it has already occurred, and your loved one has already been told they cannot go home.

The hearing itself resembles a criminal proceeding in structure. A prosecutor from the State Attorney's Office presents the facility's case, a public defender or private attorney represents your loved one, and a judge or magistrate decides the outcome. The facility must prove its case by clear and convincing evidence, a meaningfully higher bar than what was needed for the initial 72-hour hold, and it must separately prove that no less restrictive option than continued confinement will work.

That second requirement is real leverage. A facility can meet the mental illness standard and still lose the hearing entirely on the least-restrictive element alone. Most families never learn this element exists until it is explained to them.

The hearing typically takes place at the facility itself and is not open to the public. Neither the petition nor the associated filings can be viewed by anyone who is not a party to the case.

(Fla. Stat. § 394.467)

14 Can My Loved One Still Be Held If I Have a Health Care Proxy or Power of Attorney?

I mean no disrespect to the documents themselves, they matter, but inside a Baker Act facility, a health care proxy or power of attorney is not worth the paper it is written on unless you are prepared to go to court and enforce it. The facility is operating with the weight and resources of the State behind it, and those documents alone do not override that authority.

If you want your rights under those documents actually respected, the fastest path is going to court, not waving paperwork at the nurses' station.

15 What's the Difference Between Inpatient and Outpatient Treatment?

Inpatient treatment means your loved one resides at the facility, eating and sleeping there, while receiving treatment.

Outpatient treatment means they live at home, or wherever they choose, and travel to the facility to receive care. Outpatient is generally less intensive than inpatient, and it often follows a period of inpatient treatment as a step down.

Florida law also allows for court-ordered outpatient services as their own distinct track, separate from inpatient placement, with its own criteria. A court cannot use incarceration to punish someone for failing to comply with an outpatient plan, though it can order a new evaluation for possible inpatient placement instead.

(Fla. Stat. § 394.4655)

16 What's the Difference Between a Voluntary and an Involuntary Baker Act?

A voluntary Baker Act happens when someone agrees to be at the facility. As you will read in Chapter 18, that agreement is very often given under the threat of an involuntary commitment, which is exactly what we call a Constructive Baker Act. Once voluntary consent is given, it stays in effect until the person revokes it, at which point the facility has twenty-four hours to either release them or move to hold them involuntarily.

An involuntary Baker Act happens when the facility exercises its right to hold someone for up to seventy-two hours and, if it goes further, has filed a Petition for Involuntary Placement and obtained a court order.

17 What Is the Bogus Baker Act (BBA)?

I cannot take credit for this term, it was coined inside the Baker Act advocacy community, but I will take credit for making sure families understand it.

A Bogus Baker Act happens when someone is held even though they do not meet the legal criteria, usually because the facility stands to benefit financially, whether through health insurance billing or a reimbursement arrangement with a county that contracts to accept Baker Act patients. The hold exists to serve the facility, not the patient.

18 What Is the Constructive Baker Act (CBA)?

This is a term I coined myself. A Constructive Baker Act describes a situation where the facility has not actually invoked an involuntary commitment or filed a Petition for Involuntary Placement, but it functions exactly as if it had.

This typically happens when a person agrees to stay "voluntarily," under the implicit or explicit threat that refusing will simply trigger an involuntary commitment instead. Their agreement to stay is not actually voluntary. It is consent extracted from fear. It is an effective way for a facility to avoid a judge's scrutiny entirely, at least until we get involved.

19 Can I File My Own Habeas Petition?

The Florida constitution guarantees everyone access to the courts, so you do have the right to file your own habeas petition on your own behalf. If you attempt to file one on behalf of someone else, you risk being accused of the unlicensed practice of law. Only a lawyer can file on behalf of someone being detained in a Baker Act facility.

If your loved one is being detained, staff may tell them they can file their own habeas petition. In practice, they are unlikely to have any legal training and are not familiar with Chapter 394, so they will not know what legal arguments to make. These petitions also tend to be only a few pages long and sometimes never reach a judge at all. Ours typically run eight to twelve pages, contain real legal argument and supporting case law, get served on the facility within hours of drafting, and get filed with the court on an emergency basis.

Here is the fact that makes this matter most: a habeas petition is effectively a one-shot tool for the same cause. Under Florida law, once a judgment on a habeas petition is entered, a person generally cannot bring another petition for the same cause. That does not mean you only ever get one petition, ever, for any reason. It means the specific argument you raise needs to be right, because you likely will not get a second chance to make that exact argument again. That is precisely why trying this on your own, with no legal training and one real shot, is a recipe for a mistake you cannot easily undo.

(Fla. Stat. § 394.459; Fla. Stat. §§ 79.01, 79.09, 79.10)

20 Can a Minor Be Baker Acted? (And the Myth About the 12-Hour Rule)

Yes. Anyone can be Baker Acted, regardless of age. We have seen individuals as young as six years old held under this statute. A minor typically ends up Baker Acted after telling a school counselor they are struggling, or after posting something on social media that draws law enforcement attention.

Here is a myth worth killing directly, because it causes real confusion: the 72-hour ceiling is exactly the same for minors and adults. There is no shorter hold for a minor. What is different is that for a minor, the examination itself must begin within 12 hours of arrival at the facility. That 12-hour rule is about when the exam has to start, not how long your child can be held. If anyone tells you a minor can only be held for 12 hours, that is incorrect, and it is worth correcting immediately so your expectations match reality.

(Fla. Stat. § 394.463(2)(g))

21 Was the Baker Act Used Against Me in a Divorce or Custody Case?

We take this seriously, because it happens more than people realize. If a Baker Act hold was used strategically, timed to a custody fight or a divorce proceeding rather than triggered by a genuine emergency, that is its own kind of case. Clearing your name matters both for your peace of mind and to keep it from being used against you later in family court. If this sounds like your situation, this is a conversation worth having directly with us rather than guessing at how much damage it may have done.

22 We Live Out of State. Can You Still Help?

Yes. Much of this work happens by phone from the very first call, and Florida's Baker Act process applies to your loved one regardless of where your family lives. You do not need to be on a plane before we can start protecting your loved one's rights. If you are reading this from another state with a loved one held in a Florida facility, call us before you book a flight, not after.

23 My Family Member Keeps Getting Baker Acted. Is There a Longer-Term Option?

Often, yes. A repeating cycle of 72-hour holds is usually a sign that the underlying situation needs something more durable than another emergency stabilization. Depending on what is actually driving the pattern, that can mean the Marchman Act, if substance use is the real engine, or guardianship, if the person is no longer able to make safe decisions for themselves consistently. We look at the whole pattern across every hold, not just tonight's crisis. Part Four of this book walks through how we think about that longer arc.

24 Does a Baker Act Show Up on a Background Check? Can It Be Sealed or Expunged?

Unlike a criminal case, there is no process to seal or expunge a Baker Act filing. These filings are confidential by nature, which is part of why sealing was never built into the law the way it was for criminal records.

That confidentiality is not absolute, though. If a previously Baker Acted individual later applies for certain kinds of employment, or for a concealed weapons permit, the Baker Act filing may surface in that specific review. This is genuinely more nuanced than most of what circulates online about it, and it deserves a direct conversation about your specific situation rather than a generic answer. Call us and we will give you a straight one.

One more thing worth knowing directly: a Risk Protection Order, the legal mechanism that can require someone to surrender firearms, is a completely separate legal action from the Baker Act. It does not happen automatically because of a hold, and a family member cannot file one. Only a law enforcement officer or agency can. Do not let anyone tell you a Baker Act automatically strips someone of their firearm rights. That is not how Florida law works.

(Fla. Stat. § 790.401)

25 Can I Sue for an Illegal Baker Act?

As a general rule, no. The Baker Act statute does not itself create a cause of action for damages over an illegal hold, and facilities that abuse the statute are often counting on exactly that. Unless you or your loved one suffered actual physical injury, a lawsuit for money is unlikely to succeed on the Baker Act hold alone. You are always free to file a complaint with the local health department, or to notify your state and federal legislators about what happened. That will not undo the hold, but it matters for accountability going forward.

26 Are All Baker Act Facilities Bad?

No. Most are not. What we have encountered is a cluster of facilities determined to abuse a statute that was written to help people in genuine need, in order to benefit their own bottom line. When one of our own clients is in a real crisis, we frequently turn to a good facility ourselves, because securing someone before they hurt themselves or someone else is sometimes exactly the right move.

The Baker Act is a tool. Like most tools, whether it does good or harm depends entirely on who is holding it.

27 What If My Loved One Really Needs Help?

If your loved one genuinely needs help, because of a substance use disorder or a mental health condition, that decision about what happens next should belong to you and your family, not to the State of Florida acting through a facility with its own incentives.

A word of caution that we say to every family who asks us this question: if you do not get your loved one real help, on your terms, the State will eventually do it for you, either through the criminal justice system or through the mental health system, and that is presuming the underlying condition has not already led somewhere far worse. Getting someone released is the beginning of the work, not the end of it. Part Four of this book is about exactly that next chapter.

A Baker Act hold is only the first step. What happens in the weeks after your loved one is released is usually what actually decides whether this becomes a turning point or a repeat. This is the approach we built our practice around, and it is the one piece of this book that is entirely ours.

28 The Three Doors

Every family we meet has usually already tried the same three doors, long before a hold ever happened.

DOOR ONE

Conversation. Sitting down and talking it through, hoping honesty and love are enough.

DOOR TWO

Voluntary treatment. Encouraging, begging, or bargaining for your loved one to agree to get help on their own.

DOOR THREE

Intervention or consequences. Drawing a line, setting an ultimatum, hoping the fear of losing something will finally move them.

All three doors have something in common: all three require your loved one's cooperation. And the very condition that makes treatment necessary, whether it is a mental illness or active addiction, is very often the same thing making cooperation impossible.

29 The Fourth Door

There is a fourth door. It does not require your loved one's permission.

Florida law gives families a legal path to intervene even when someone in crisis is refusing help entirely. That path looks different depending on what is actually driving the crisis, sometimes it runs through the Baker Act's own extended-placement process, sometimes through the Marchman Act, sometimes through guardianship, but the method behind how we use it does not change.

The door changes by situation. The method does not.

30 The Four Parts of the Fourth Door Method™

Four things decide whether a Baker Act hold becomes a real opportunity for lasting care, instead of just a 72-hour pause before the next crisis.

ONE

Case Construction. We build the documented record before we walk into a courtroom. A single bad night rarely tells the whole story. We gather the prior hospitalizations, the warning signs, the pattern behind tonight, so a judge sees the full picture, not just a snapshot.

TWO

Court Strategy. We prepare your case for the specific county, courthouse, and judge who will actually hear it. Procedures, evidence, and timing all vary by jurisdiction, and we do not treat any of it as interchangeable paperwork.

THREE

Clinical Coordination. We connect the legal outcome to an actual plan for care. A release without a next step, or a court order without a treatment plan, both tend to lead right back to where you started. We coordinate the psychiatric placement and the plan alongside the legal work, so there is a real next step the moment the court acts.

FOUR

Case Continuation. We stay through the setbacks. Most of these cases are decided not by the first order, but by what happens afterward: a return to court, a relapse, a placement that turns out to be the wrong fit. We do not treat the first hearing as the finish line.

Build the case. Execute the strategy. Coordinate the care. Stay through the setbacks.

No attorney, court order, or treatment program can guarantee recovery. But your family should not have to sit helplessly, waiting for your loved one to be the one who makes the next move.

31 What This Looks Like, Compared to Just Handling the Hold

	MOST FIRMS	THE FOURTH DOOR METHOD™
Respond to the 72-hour hold	Yes	Yes
Build the documented pattern the court actually needs	—	Yes
Coordinate psychiatric placement and the plan that follows it	—	Yes
Stay involved after the hold, through return trips to court	—	Yes

This is not simply a form we file. It is Astor Simovitch Law's approach for families who have exhausted the first three doors and need a legal path that does not depend on their loved one agreeing to accept help first.

These three tools make up what we call the 72-Hour Release Kit. They are built from the exact steps we walk our own clients through. Use them tonight if you need to.

32 The First-Hour Action Checklist

- [ ] Confirm the exact name of the receiving facility and its address and main phone number.
- [ ] Write down the exact time your loved one arrived at the facility. This is when the 72-hour clock actually starts (Chapter 4).
- [ ] Get the name of the treating physician or qualified professional as soon as one is assigned.
- [ ] Ask directly: has a physical examination happened yet? When?
- [ ] Ask directly: is the facility preparing to file a Petition for Involuntary Placement?
- [ ] Confirm whether your loved one has given a written release of information authorizing the facility to speak with you.
- [ ] Start a written log: every call, every name, every time, every answer you are given. Keep it running the entire time your loved one is held.
- [ ] Note whether your loved one has health insurance, and note any new medications started or any home medications denied (see Chapter 12).
- [ ] Do not sign anything on your loved one's behalf that you do not fully understand.
- [ ] Call us before the 72 hours are close to running out, not after. (561) 419-6095.

33 Rights-at-a-Glance Card

Keep this page with you. Your loved one has the right to:

1. A prompt physical examination, generally within 24 hours of arrival.
2. Communicate by phone, mail, and visitors, within the limits a qualified professional can actually impose.
3. Be told about, and to speak with, an attorney.
4. Treatment in the least restrictive setting appropriate to their condition.
5. Petition for a writ of habeas corpus, at any time, without needing the facility's cooperation.
6. Express and informed consent before treatment.
7. Care and custody of their personal effects, and basic dignity throughout.

(Fla. Stat. § 394.459)

34 Facility Questions Script

Ask these questions directly, and write down exactly what you are told, including who told you.

1. *"What is my loved one's treating physician's name, and how do I reach their office?"*
2. *"Has the required physical examination happened yet? What time?"*
3. *"What is the current treatment plan?"*
4. *"Are you preparing a Petition for Involuntary Placement? If so, when will it be filed?"*
5. *"Who specifically has to approve a release, and can that approval happen by telehealth?"*
6. *"Has my loved one been given written notice of their right to petition for habeas corpus?"*
7. *"What time did my loved one arrive at this facility?"*

If any answer feels evasive, incomplete, or contradicts something you were told earlier, write it down exactly as it was said, and call us.

35 How Fast Can You Get My Loved One Released?

It depends entirely on where things stand in the process, but speed is the whole point, which is why we take these calls any hour of the day or night. The sooner we understand the situation, the more options exist. Waiting until the 72 hours are nearly up almost always means fewer options, not more.

36 Can I Have a Loved One Baker Acted If They Refuse Help?

Not on your own, and not simply because they refuse to go voluntarily. As Chapter 2 explains, an involuntary examination has to be initiated by law enforcement, a qualified professional, or a court, and only when the legal criteria are actually met. We can talk through whether what you are seeing is likely to meet that standard, and what actually happens once the process starts, before you make that call.

37 Do I Need a Lawyer, or Can My Family Handle This Ourselves?

You are legally permitted to seek your own loved one's release. Most families do not attempt it themselves for the same reason covered in Chapter 19: the main tool for challenging a hold is effectively a one-shot move for a given cause, and a petition that is not done right the first time can spend the one real chance you had. That is the honest case for having someone who does this daily handle it.

38 Does This Work the Same Way in Every Florida County?

The Baker Act is a statewide law, so the basic framework, the 72-hour period, the rights, the petition process, applies the same way whether your loved one is held in Miami, Fort Lauderdale, West Palm Beach, Boca Raton, Jacksonville, Orlando, Tampa, or St. Petersburg. What changes county to county is the specific court, the specific judges, and the specific facility's own habits, which is exactly why Case Construction and Court Strategy (Chapter 30) matter as much as they do.

39 What Should I Bring to the Facility?

Bring identification, any relevant medical history or a current medication list if you have one readily available, and a notebook, or your phone, to start the written log described in Chapter 32. Do not bring anything the facility might reasonably treat as contraband, and ask staff directly what is and is not permitted before you arrive, if you have any doubt.

40 How Much Does a Baker Act Attorney Cost?

It depends on your specific situation, and we will be straightforward with you about it on the very first call. The first conversation is always free, and financing is available for qualifying families. Cost should never be the reason a family does not make that first call.

Conclusion

Used correctly, the Baker Act is a genuinely good tool for helping people in a real emergency. The cases that come across our desk are typically not about the law itself failing. They are about a facility trying to abuse the law, often because it knows that, most of the time, nobody is watching closely enough to stop it.

If your loved one has been Baker Acted, time is not on your side, and we need to move quickly to protect their release. Please do not ignore that urgency. Once a judge has ordered your loved one to stay, or worse, to reside at a state mental health facility, it becomes far harder for us to secure their release. Call before that happens, not after.

(561) 419-6095. We answer.

About Mark G. Astor, Esquire

Born and raised in the United Kingdom until the age of twenty-one, Mark has been a practicing attorney since 1994. He began his legal career as a Palm Beach County Assistant State Attorney, where he served as Chief of two different county court divisions before being promoted to a felony trial division, handling thousands of cases ranging from first-degree misdemeanors to capital murder.

Mark was admitted to the Florida Bar in 1994 and, in 1995, to the United States District Court for the Southern District of Florida. In 2005, he was admitted to the District of Columbia Bar. He earned his Bachelor of Arts from the University of Michigan in 1990, his Juris Doctorate from Nova Southeastern University College of Law in 1994, and his Master of Laws from American University, Washington College of Law, in 2005.

In February 2016, Mark formed a practice focused on helping families whose loved ones were suffering from substance use and mental health disorders. In the years that followed, he saw a disturbing and growing pattern: individuals relapsing, struggling with anxiety and depression, calling out for help, and instead finding themselves held against their will under the Baker Act, in the care, custody, and control of a State that too often cared more about billing than about people.

Mark discovered that many facilities were free to violate patients' rights, and the statute itself, largely because no one was watching. That changed once he got involved, and he has since litigated successfully against a great many hospitals and facilities across the state. Out of that work came the Fourth Door Method™, the practice he built around the belief that every family deserves a way through, even when their loved one cannot or will not walk through the first three doors on their own.

Today, Mark leads Astor Simovitch Law, home of We Save Families®, where Baker Act release and defense remains central to the practice, not a sideline.

> *"I believe we can get almost anyone out of a facility, provided the family does not wait too long to call. I will drop everything, day or night, to help someone being held unlawfully."*

When he is not practicing law, Mark teaches Krav Maga, the Israeli system of close combat used by military, special forces, and anti-terror units, and starts most mornings with an early workout, believing a healthy body supports a healthy mind.

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A Note on This Book

This book is provided for general educational purposes only and does not constitute legal advice for any specific situation. Reading it does not create an attorney-client relationship with Mark G. Astor, Astor Simovitch Law, or any related entity. Florida law, including Chapter 394, is subject to change, and this edition reflects the law as understood at the time of publication. No outcome, result, or timeline is guaranteed in any legal matter, and past results do not guarantee a similar outcome in any future case. If your loved one is currently being held under the Baker Act, contact a licensed Florida attorney directly and promptly.