

Description of Group of Elements for Mental/Medical Health

Data Element	Description
Name (all)	Includes first, middle, last name
Address Details	Includes Address 1, Address 2, City, State, Zip+4, telephone number, email, fax
Attorney Signature Block	Attorney Signature Block to include separate data fields for: signature line, name, Florida Bar Number, Address, State, Zip+4, email address and Telephone number
Signature (all)	Includes Name, Signature, and date
Case Number	local case # (or UCN if used)
Court Appointed Attorney Address	Includes telephone number and email address
Petitioner Signature Block	Petitioner Signature Block to include separate data fields for: signature line, name, address, state, zip+4, email address and telephone number