

1 A bill to be entitled
2 An act relating to youth in solitary confinement;
3 creating s. 945.425, F.S.; defining terms; prohibiting
4 the Department of Corrections from placing a youth in
5 solitary confinement except under certain
6 circumstances; prohibiting the use of solitary
7 confinement for punitive purposes or as a form of
8 discipline; authorizing a youth to be placed in
9 emergency confinement if certain conditions are met;
10 requiring facility staff to document such placement;
11 requiring that, within a specified timeframe and at
12 specified intervals, a mental health clinician conduct
13 certain evaluations of a youth who is in emergency
14 confinement; limiting the allowable length of time for
15 emergency confinement; requiring specific treatment
16 for a youth who is in emergency confinement;
17 prohibiting the use of emergency confinement for
18 certain purposes; authorizing a youth to be placed in
19 medical confinement under certain circumstances;
20 limiting the allowable length of time for medical
21 confinement; requiring facility staff to document such
22 confinement; requiring that, within a specified
23 timeframe and at specified intervals, a medical
24 professional conduct certain evaluations of a youth
25 who is in medical confinement; prohibiting the use of

26 | medical confinement for certain purposes; requiring
27 | the department to review its policies and procedures
28 | relating to youth in solitary confinement; requiring
29 | the department to certify compliance in a report to
30 | the Governor and Legislature by a specified date;
31 | requiring the department to adopt policies and
32 | procedures; providing applicability; amending 951.23,
33 | F.S.; requiring sheriffs and chief correctional
34 | officers to adopt model standards relating to youth;
35 | creating s. 985.28, F.S.; defining terms; prohibiting
36 | the Department of Juvenile Justice from placing a
37 | child in solitary confinement except under certain
38 | circumstances; prohibiting the use of solitary
39 | confinement for punitive purposes or as a form of
40 | discipline; authorizing a child to be placed in
41 | emergency confinement if certain conditions are met;
42 | requiring facility staff to document such placement;
43 | requiring that, within a specified timeframe and at
44 | specified intervals, a mental health clinician conduct
45 | certain evaluations of a child who is in emergency
46 | confinement; limiting the allowable length of time for
47 | the use of emergency confinement; requiring specific
48 | treatment for a child who is in emergency confinement;
49 | prohibiting the use of emergency confinement for
50 | certain purposes; authorizing a youth to be placed in

51 medical confinement under certain circumstances;
52 limiting the allowable length of time for medical
53 confinement; requiring facility staff to document such
54 placement; requiring that, within a specified
55 timeframe and at specified intervals, a medical
56 professional conduct certain evaluations of a child
57 who is in medical confinement; prohibiting the use of
58 medical confinement for certain purposes; requiring
59 the department and the boards of county commissioners
60 of each county that administers a detention facility
61 to review policies and procedures relating to
62 disciplinary treatment; requiring the department and
63 the boards of county commissioners of each county that
64 administers a detention facility to certify compliance
65 in a report to the Governor and Legislature by a
66 specified date; providing applicability; creating s.
67 985.4415, F.S.; defining terms; prohibiting facility
68 staff from placing a child in solitary confinement,
69 except under certain circumstances; prohibiting the
70 use of solitary confinement for punitive purposes or
71 as a form of discipline; authorizing a child to be
72 placed in emergency confinement if certain conditions
73 are met; requiring facility staff to document such
74 placement; requiring that, within a specified
75 timeframe and at specified intervals, a mental health

76 | clinician conduct certain evaluations of a child who
77 | is in emergency confinement; limiting the allowable
78 | length of time for emergency confinement; requiring
79 | specific treatment for a child who is in emergency
80 | confinement; prohibiting the use of emergency
81 | confinement for certain purposes; authorizing a youth
82 | to be placed in medical confinement under certain
83 | circumstances; limiting the allowable length of time
84 | for medical confinement; requiring facility staff to
85 | document such placement; requiring that, within a
86 | specified timeframe and at specified intervals, a
87 | medical professional conduct certain evaluations of a
88 | child who is in medical confinement; prohibiting the
89 | use of medical confinement for certain purposes;
90 | requiring the department to review policies and
91 | procedures relating to disciplinary treatment;
92 | requiring the department to certify compliance in a
93 | report to the Governor and Legislature by a specified
94 | date; providing applicability; amending s. 944.09,
95 | F.S.; authorizing the Department of Corrections to
96 | adopt rules; amending s. 985.601, F.S.; requiring the
97 | Department of Juvenile Justice to adopt rules;
98 | reenacting s. 944.279(1), F.S., relating to
99 | disciplinary procedures applicable to a prisoner for
100 | filing frivolous or malicious actions or bringing

101 false information before a court, to incorporate the
102 amendment made to s. 944.09, F.S., in a reference
103 thereto; providing an effective date.
104

105 Be It Enacted by the Legislature of the State of Florida:
106

107 Section 1. Section 945.425, Florida Statutes, is created
108 to read:

109 945.425 Youth in solitary confinement.—

110 (1) DEFINITIONS.—As used in this section, the term:

111 (a) "Emergency confinement" means a type of solitary
112 confinement that involves the involuntary placement of a youth
113 in an isolated room to separate that youth from the general
114 inmate population and to remove him or her from a situation in
115 which he or she presents an immediate and serious danger to the
116 security or safety of himself or herself or others.

117 (b) "Medical confinement" means a type of solitary
118 confinement that involves the involuntary placement of a youth
119 in an isolated room to separate that youth from the general
120 inmate population to allow him or her to recover from an illness
121 or to prevent the spread of a communicable illness.

122 (c) "Mental health clinician" means a psychiatrist,
123 psychologist, social worker, or nurse practitioner.

124 (d) "Solitary confinement" means the involuntary placement
125 of a youth in an isolated room to separate that youth from the

126 general inmate population for any period of time.

127 (e) "Youth" means a person within the custody of the
128 department who is under the age of 19 years.

129 (2) PROHIBITION ON THE USE OF SOLITARY CONFINEMENT.—A
130 youth may not be placed in solitary confinement, except as
131 provided in this section.

132 (3) PUNATIVE SOLITARY CONFINEMENT.—A youth may not be
133 placed in solitary confinement for punitive purposes or as a
134 form of discipline for a violation of facility or department
135 rules.

136 (4) PROTECTING YOUTH IN EMERGENCY CONFINEMENT.—

137 (a) A youth may be placed in emergency confinement if all
138 of the following conditions are met:

139 1. A nonphysical intervention with the youth would not be
140 effective in preventing harm or danger to the youth or others.

141 2. There is imminent risk of the youth physically harming
142 himself or herself, staff, or others or the youth is engaged in
143 major property destruction that is likely to compromise the
144 security of the program or jeopardize the safety of the youth or
145 others.

146 3. All less-restrictive means have been exhausted.

147 (b) Facility staff shall document the placement of a youth
148 in emergency confinement. The documentation must include
149 justification for the placement, in addition to a description of
150 the less-restrictive options that the facility staff exercised

151 before the youth was so placed.

152 (c) A mental health clinician shall evaluate a youth who
153 is placed in emergency confinement within 1 hour after such
154 placement to ensure that the confinement is not detrimental to
155 the mental or physical health of the youth. Following the
156 initial evaluation, a mental health clinician shall conduct a
157 face-to-face evaluation of the youth every hour thereafter to
158 determine whether the youth should remain in emergency
159 confinement. The mental health clinician shall document each
160 evaluation and provide justification for continued placement in
161 emergency confinement.

162 (d) A youth may not be placed in emergency confinement for
163 more than 4 hours unless an extension is sought and obtained by
164 a mental health clinician.

165 1. If a mental health clinician determines that release of
166 the youth would imminently threaten the safety of the youth or
167 others, the mental health clinician may grant a one-time
168 extension of 4 hours for continued placement in emergency
169 confinement.

170 2. If, at the conclusion of the 8-hour period, a mental
171 health clinician determines that it is not safe for the youth to
172 be released from emergency confinement, the facility staff must
173 prepare to transfer the youth to a facility that is able to
174 provide specialized treatment to address the youth's needs.

175 (e) A youth who is placed in emergency confinement must be

176 provided access to the same meals and drinking water, clothing,
177 medical treatment, contact with parents and legal guardians, and
178 legal assistance as provided to youth in the general inmate
179 population.

180 (f) The use of emergency confinement is strictly
181 prohibited for the purposes of punishment or discipline.

182 (5) PROTECTING YOUTH IN MEDICAL CONFINEMENT.—

183 (a) A youth may be placed in medical confinement if all of
184 the following conditions are met:

185 1. Isolation from the general inmate population and staff
186 is required to allow the youth to rest and recover from illness
187 or to prevent the spread of a communicable illness.

188 2. A medical professional deems such placement necessary.

189 3. The use of other less-restrictive means would not be
190 sufficient to allow the youth to recover from illness or to
191 prevent the spread of a communicable illness.

192 (b) A youth may be placed in medical confinement for a
193 period of time not to exceed the time that is necessary for the
194 youth to recover from his or her illness or to prevent the
195 spread of a communicable illness to other inmates or staff in
196 the facility.

197 (c) Facility staff shall document the placement of a youth
198 in medical confinement. The documentation must include a medical
199 professional's justification for the placement.

200 (d) A medical professional must evaluate a youth who is

201 held in medical confinement face-to-face at least once every 12
202 hours to determine whether the youth should remain in medical
203 confinement. The medical professional shall document each
204 evaluation and provide justification for continued placement in
205 medical confinement.

206 (e) The use of medical confinement is strictly prohibited
207 for the purposes of punishment or discipline.

208 (6) IMPLEMENTATION.—

209 (a) The department shall review its policies and
210 procedures relating to youth in solitary confinement to
211 determine whether its policies and procedures comply with this
212 section.

213 (b) The department shall certify compliance with this
214 section in a report that the department shall submit to the
215 Governor, the President of the Senate, and the Speaker of the
216 House of Representatives by January 1, 2020.

217 (c) The department shall adopt policies and procedures
218 necessary to administer this section.

219 (d) This section does not supersede any law providing
220 greater or additional protections to a youth in this state.

221 Section 2. Paragraph (a) of subsection (4) of section
222 951.23, Florida Statutes, is amended to read:

223 951.23 County and municipal detention facilities;
224 definitions; administration; standards and requirements.—

225 (4) STANDARDS FOR SHERIFFS AND CHIEF CORRECTIONAL

226 OFFICERS.—

227 (a) ~~There shall be established~~ A five-member working group
 228 is established which consists ~~consisting~~ of three persons
 229 appointed by the Florida Sheriffs Association and two persons
 230 appointed by the Florida Association of Counties to develop
 231 model standards for county and municipal detention facilities.

232 At a minimum ~~By October 1, 1996,~~ each sheriff and chief
 233 correctional officer shall adopt, ~~at a minimum,~~ the model
 234 standards with reference to:

235 1.a. The construction, equipping, maintenance, and
 236 operation of county and municipal detention facilities.

237 b. The cleanliness and sanitation of county and municipal
 238 detention facilities; the number of county and municipal
 239 prisoners who may be housed therein per specified unit of floor
 240 space; the quality, quantity, and supply of bedding furnished to
 241 such prisoners; the quality, quantity, and diversity of food
 242 served to them and the manner in which it is served; the
 243 furnishing to them of medical attention and health and comfort
 244 items; and the disciplinary treatment that ~~which~~ may be meted
 245 out to them.

246
 247 Notwithstanding the provisions of the otherwise applicable
 248 building code, a reduced custody housing area may be occupied by
 249 inmates or may be used for sleeping purposes as allowed in
 250 subsection (7). The sheriff or chief correctional officer shall

251 provide that a reduced custody housing area shall be governed by
252 fire and life safety standards which do not interfere with the
253 normal use of the facility and which affect a reasonable degree
254 of compliance with rules of the State Fire Marshal for
255 correctional facilities.

256 2. The confinement of prisoners by classification and
257 providing, whenever possible, for classifications that ~~which~~
258 separate males from females, juveniles from adults, felons from
259 misdemeanants, and those awaiting trial from those convicted
260 and, in addition, providing for the separation of special risk
261 prisoners, such as the mentally ill, alcohol or narcotic
262 addicts, sex deviates, suicide risks, and any other
263 classification which the local unit may deem necessary for the
264 safety of the prisoners and the operation of the facility
265 pursuant to degree of risk and danger criteria. Nondangerous
266 felons may be housed with misdemeanants.

267 3. The confinement of prisoners by classification on the
268 basis of age and a strict prohibition on the use of solitary
269 confinement for prisoners under the age of 19 years, in
270 compliance with s. 945.425.

271 Section 3. Section 985.28, Florida Statutes, is created to
272 read:

273 985.28 Solitary confinement in detention facilities.-

274 (1) DEFINITIONS.-As used in this section, the term:

275 (a) "Child" means a person who is in the custody of the

276 department and who is under the age of 19 years.

277 (b) "Emergency confinement" means a type of solitary
278 confinement that involves the involuntary placement of a child
279 in an isolated room to separate that child from other children
280 in the facility and to remove him or her from a situation in
281 which he or she presents an immediate and serious danger to the
282 security or safety of himself or herself or others.

283 (c) "Medical confinement" means a type of solitary
284 confinement that involves the involuntary placement of a child
285 in an isolated room to separate that child from other children
286 in the facility to allow the child to recover from illness or to
287 prevent the spread of a communicable illness.

288 (d) "Mental health clinician" means a psychiatrist,
289 psychologist, social worker, or nurse practitioner.

290 (e) "Solitary confinement" means the involuntary placement
291 of a child in an isolated room to separate that child from other
292 children in the facility for any period of time.

293 (2) PROHIBITION ON THE USE OF SOLITARY CONFINEMENT.—A
294 child may not be placed in solitary confinement, except as
295 provided in this section.

296 (3) PUNATIVE SOLITARY CONFINEMENT.—A youth may not be
297 placed in solitary confinement for punitive purposes or as a
298 form of discipline for a violation of facility or department
299 rules.

300 (4) PROTECTING A CHILD IN EMERGENCY CONFINEMENT.—

301 (a) A child may be placed in emergency confinement if all
302 of the following conditions are met:

303 1. A nonphysical intervention with the child would not be
304 effective in preventing harm or danger to the child or others.

305 2. There is imminent risk of the child physically harming
306 himself or herself, staff, or others or the child is engaged in
307 major property destruction that is likely to compromise the
308 security of the program or jeopardize the safety of the child or
309 others.

310 3. All less-restrictive means have been exhausted.

311 (b) Facility staff shall document the placement of a child
312 in emergency confinement. The documentation must include
313 justification for the placement of a child in emergency
314 confinement, in addition to a description of the less-
315 restrictive options that the facility staff exercised before the
316 child was so placed.

317 (c) A mental health clinician shall evaluate a child who
318 is placed in emergency confinement within 1 hour of such
319 placement to ensure that the confinement is not detrimental to
320 the mental or physical health of the child. Following the
321 initial evaluation, a mental health clinician shall conduct a
322 face-to-face evaluation of the child every hour thereafter to
323 determine whether the child should remain in emergency
324 confinement. The mental health clinician shall document each
325 evaluation and provide justification for continued placement in

326 emergency confinement.

327 (d) A child may not be placed in emergency confinement for
328 more than 4 hours unless an extension is sought and obtained by
329 a mental health clinician.

330 1. If a mental health clinician determines that release of
331 the child would imminently threaten the safety of the child or
332 others, the mental health clinician may grant a one-time
333 extension of 4 hours for continued placement in emergency
334 confinement.

335 2. If, at the conclusion of the 8-hour period, a mental
336 health clinician determines that it is not safe for the child to
337 be released from emergency confinement, the facility staff must
338 prepare to transfer the child to a facility that is able to
339 provide specialized treatment to address the child's needs.

340 (e) A child who is placed in emergency confinement must be
341 provided access to the same meals and drinking water, clothing,
342 medical treatment, contact with parents and legal guardians, and
343 legal assistance as provided to children in the facility.

344 (f) The use of emergency confinement is strictly
345 prohibited for the purposes of punishment or discipline.

346 (5) PROTECTING A CHILD IN MEDICAL CONFINEMENT.—

347 (a) A child may be placed in medical confinement if all of
348 the following conditions are met:

349 1. Isolation from staff and other children in the facility
350 is required to allow the child to rest and recover from illness

351 or to prevent the spread of a communicable illness.

352 2. A medical professional deems such placement necessary.

353 3. The use of other less-restrictive means would not be
354 sufficient to allow the child to recover from illness or to
355 prevent the spread of a communicable illness.

356 (b) A child may be placed in medical confinement for a
357 period of time not to exceed the time that is necessary for the
358 child to recover from his or her illness or to prevent the
359 spread of a communicable illness to other children or staff in
360 the facility.

361 (c) Facility staff shall document the placement of a child
362 in medical confinement. The documentation must include a medical
363 professional's justification for the placement.

364 (d) A medical professional must conduct a face-to-face
365 evaluation of a child who is held in medical confinement at
366 least once every 12 hours to determine whether the child should
367 remain in medical confinement. The medical professional shall
368 document each evaluation and provide justification for continued
369 placement in medical confinement.

370 (e) The use of medical confinement is strictly prohibited
371 for the purposes of punishment or discipline.

372 (6) IMPLEMENTATION.—

373 (a) The department and the board of county commissioners
374 of each county that administers a detention facility shall
375 review their policies and procedures relating to disciplinary

376 treatment to determine whether their policies and procedures
 377 comply with this section.

378 (b) The department and the board of county commissioners
 379 of each county that administers a detention facility shall
 380 certify compliance with this section in a report that the
 381 department and the commission shall submit to the Governor, the
 382 President of the Senate, and the Speaker of the House of
 383 Representatives by January 1, 2020.

384 (c) This section does not supersede any law providing
 385 greater or additional protections to a child in this state.

386 Section 4. Section 985.4415, Florida Statutes, is created
 387 to read:

388 985.4415 Solitary confinement in residential facilities.-

389 (1) DEFINITIONS.-As used in this section, the term:

390 (a) "Child" means a person within the custody of the
 391 department who is under the age of 19 years.

392 (b) "Emergency confinement" means a type of solitary
 393 confinement that involves the involuntary placement of a child
 394 in an isolated room to separate that child from other children
 395 in the facility and to remove him or her from a situation in
 396 which he or she presents an immediate and serious danger to the
 397 security or safety of himself or herself or others.

398 (c) "Medical confinement" means a type of solitary
 399 confinement that involves the involuntary placement of a child
 400 in an isolated room to separate that child from the other

401 children in the facility and to allow him or her to recover from
402 illness or to prevent the spread of a communicable illness.

403 (d) "Mental health clinician" means a psychiatrist,
404 psychologist, social worker, or nurse practitioner.

405 (e) "Solitary confinement" means the involuntary placement
406 of a child in an isolated room to separate that child from the
407 other children in the facility for any period of time.

408 (2) PROHIBITION ON THE USE OF SOLITARY CONFINEMENT.—A
409 child may not be placed in solitary confinement, except as
410 provided in this section.

411 (3) PUNATIVE SOLITARY CONFINEMENT.—A youth may not be
412 placed in solitary confinement for punitive purposes or as a
413 form of discipline for a violation of facility or department
414 rules.

415 (4) PROTECTING A CHILD IN EMERGENCY CONFINEMENT.—

416 (a) A child may be placed in emergency confinement if all
417 of the following conditions are met:

418 1. A nonphysical intervention with the child would not be
419 effective in preventing harm or danger to the child or others.

420 2. There is imminent risk of the child physically harming
421 himself or herself, staff, or others or the child is engaged in
422 major property destruction that is likely to compromise the
423 security of the program or jeopardize the safety of the child or
424 others.

425 3. All less-restrictive means have been exhausted.

426 (b) Facility staff shall document the placement of a child
427 in emergency confinement. The documentation must include
428 justification for the placement of a child in emergency
429 confinement, in addition to a description of the other less-
430 restrictive options that the facility staff exercised before the
431 child was so placed.

432 (c) A mental health clinician shall evaluate a child who
433 is placed in emergency confinement within 1 hour of such
434 placement to ensure that the confinement is not detrimental to
435 the mental or physical health of the child. Following the
436 initial evaluation, a mental health clinician shall conduct a
437 face-to-face evaluation of the child every hour thereafter to
438 determine whether the child should remain in emergency
439 confinement. The mental health clinician shall document each
440 evaluation and provide justification for continued placement in
441 emergency confinement.

442 (d) A child may not be placed in emergency confinement for
443 more than 4 hours unless an extension is sought and obtained by
444 a mental health clinician.

445 1. If a mental health clinician determines that release of
446 the child would imminently threaten the safety of the child or
447 others, the mental health clinician may grant a one-time
448 extension of 4 hours for continued placement in emergency
449 confinement.

450 2. If, at the conclusion of the 8-hour period, a mental

451 health clinician determines that it is not safe for the child to
452 be released from emergency confinement, the facility staff must
453 prepare to transfer the child to a facility that is able to
454 provide specialized treatment to address the child's needs.

455 (e) A child who is placed in emergency confinement must be
456 provided access to the same meals and drinking water, clothing,
457 medical treatment, contact with parents and legal guardians, and
458 legal assistance as provided to children in the facility.

459 (f) The use of emergency confinement is strictly
460 prohibited for the purposes of punishment or discipline.

461 (5) PROTECTING A CHILD IN MEDICAL CONFINEMENT.—

462 (a) A child may be placed in medical confinement if all of
463 the following conditions are met:

464 1. Isolation from other children and staff in the facility
465 is required to allow a child to rest and recover from illness or
466 to prevent the spread of a communicable illness.

467 2. A medical professional deems such placement necessary.

468 3. The use of other less-restrictive means would not be
469 sufficient to allow the child to recover from illness or to
470 prevent the spread of a communicable illness.

471 (b) A child may be placed in medical confinement for a
472 period of time not to exceed the time that is necessary for the
473 child to recover from his or her illness or to prevent the
474 spread of a communicable illness to other children or staff in
475 the facility.

476 (c) Facility staff shall document the placement of a child
477 in medical confinement. The documentation must include a medical
478 professional's justification for the placement.

479 (d) A medical professional must conduct a face-to-face
480 evaluation of a child who is held in medical confinement at
481 least once every 12 hours to determine whether the child should
482 remain in medical confinement. The medical professional shall
483 document each evaluation and provide justification for continued
484 placement in medical confinement.

485 (e) The use of medical confinement is strictly prohibited
486 for the purposes of punishment or discipline.

487 (6) IMPLEMENTATION.—

488 (a) The department shall review its policies and
489 procedures relating to disciplinary treatment in residential
490 facilities to determine whether their policies and procedures
491 comply with this section.

492 (b) The department shall certify compliance with this
493 section in a report that the department shall submit to the
494 Governor, the President of the Senate, and the Speaker of the
495 House of Representatives by January 1, 2020.

496 (c) This section does not supersede any law providing
497 greater or additional protections to a child in this state.

498 Section 5. Paragraph (s) is added to subsection (1) of
499 section 944.09, Florida Statutes, to read:

500 944.09 Rules of the department; offenders, probationers,

501 and parolees.—

502 (1) The department has authority to adopt rules pursuant
503 to ss. 120.536(1) and 120.54 to implement its statutory
504 authority. The rules must include rules relating to:

505 (s) Youth in solitary confinement in compliance with s.
506 945.425.

507 Section 6. Paragraph (b) of subsection (9) of section
508 985.601, Florida Statutes, is amended to read:

509 985.601 Administering the juvenile justice continuum.—

510 (9)(b) The department shall adopt rules prescribing
511 standards and requirements with reference to:

512 1. The construction, equipping, maintenance, staffing,
513 programming, and operation of detention facilities;

514 2. The treatment, training, and education of children
515 confined in detention facilities;

516 3. The cleanliness and sanitation of detention facilities;

517 4. The number of children who may be housed in detention
518 facilities per specified unit of floor space;

519 5. The quality, quantity, and supply of bedding furnished
520 to children housed in detention facilities;

521 6. The quality, quantity, and diversity of food served in
522 detention facilities and the manner in which it is served;

523 7. The furnishing of medical attention and health and
524 comfort items in detention facilities; ~~and~~

525 8. The disciplinary treatment administered in detention

526 and residential facilities; and-

527 9. The strict prohibition on the use of solitary
528 confinement on children under the age of 19 years in compliance
529 with ss. 985.28 and 985.4415.

530 Section 7. For the purpose of incorporating the amendment
531 made by this act to section 944.09, Florida Statutes, in a
532 reference thereto, subsection (1) of section 944.279, Florida
533 Statutes, is reenacted to read:

534 944.279 Disciplinary procedures applicable to prisoner for
535 filing frivolous or malicious actions or bringing false
536 information before court.-

537 (1) At any time, and upon its own motion or on motion of a
538 party, a court may conduct an inquiry into whether any action or
539 appeal brought by a prisoner was brought in good faith. A
540 prisoner who is found by a court to have brought a frivolous or
541 malicious suit, action, claim, proceeding, or appeal in any
542 court of this state or in any federal court, which is filed
543 after June 30, 1996, or to have brought a frivolous or malicious
544 collateral criminal proceeding, which is filed after September
545 30, 2004, or who knowingly or with reckless disregard for the
546 truth brought false information or evidence before the court, is
547 subject to disciplinary procedures pursuant to the rules of the
548 Department of Corrections. The court shall issue a written
549 finding and direct that a certified copy be forwarded to the
550 appropriate institution or facility for disciplinary procedures

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551 | pursuant to the rules of the department as provided in s.
552 | 944.09.

553 | Section 8. This act shall take effect July 1, 2019.