

CAUSE NO. M-

THE STATE OF TEXAS FOR THE BEST INTEREST
AND PROTECTION OF

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IN THE COUNTY COURT

AT LAW NO. 2 OF

THE PROPOSED PATIENT

HUNT COUNTY, TEXAS

APPLICATION FOR COURT-ORDERED TEMPORARY INPATIENT MENTAL HEALTH SERVICES

NOW COMES the Applicant and presents this Application for Court-Ordered ***Temporary Inpatient Mental Health Services*** and in support thereof, under oath, respectively states to the Court upon information and belief, the following:

1. Applicant is:

- ☐ a. An adult whose name is: _____
or
☐ b. The Hunt County Attorney's Office.

2. The Proposed Patient's information is:

- a. Name: _____
b. Street Address: _____
c. City: _____
d. State: _____
e. County of residence in Texas: _____
f. Email: _____
g. D/O/B: _____ h. Race: _____
i. Gender: _____ j. SSN: _____
k. Language Spoken: _____

3. This Application is being filed with the Hunt County Clerk, the county in which the Proposed Patient:

- ☐ a. Resides;
☐ b. Is found;
☐ c. Is receiving mental health services by court order (*Attach Order*);
☐ d. Is receiving mental health services under Subchapter A, Chapter 573 of the HSC (*Attach Order*);
or
☐ e. Meets the exception provided by §574.001(f) HSC.

Applicant understands that if the Application is not filed in the county in which the Proposed Patient resides, the Court may, on request of the Proposed Patient or the Proposed Patient's attorney, and if good cause is shown, transfer the Application to that county. (§574.001(c))

4. Proposed Patient is currently located at:

- a. Name of Facility (*if located in a Facility*): _____
- b. Street Address: _____
- c. City: _____ d. State: _____
- e. County _____

5. Proposed Patient (☐ is / ☐ is not) a minor. If you selected Proposed Patient “is a minor” you must complete the following:

a. Parent’s Contact Information:

- i. Mother’s Name: _____
- ii. Street Address: _____
- iii. City: _____ iv. State: _____
- v. County: _____ vi. Phone: _____
- vii. Email: _____
- viii. Father’s Name: _____
- ix. Street Address: _____
- x. City: _____ xi. State: _____
- xii. County _____ xiii. Phone: _____
- xiv. Email: _____

6. Proposed Patient (☐ is / ☐ is not) a ward in a guardianship proceeding. If you selected Proposed Patient “*is a ward in a guardianship*,” you must complete the following:

a. Guardian(s) Contact Information:

- i. Guardian(s) Name: _____
- ii. Street Address: _____
- iii. City: _____ iv. State: _____
- v. County: _____ vi. Phone: _____
- vii. Email: _____

7. Proposed Patient (☐ is / ☐ is not) charged with a criminal offense.

8. Proposed Patient is mentally ill. As a result of that mental illness or illnesses, Proposed Patient meets the criteria for temporary inpatient mental health pursuant §574.034. Specifically, I believe:

- ☐ a. Proposed Patient is likely to cause serious harm to self or others, and/or
- ☐ b. Proposed Patient is suffering from severe and abnormal mental, emotional, or physical distress; experiencing substantial mental or physical deterioration in ability to function independently, exhibited by inability, except for reasons of indigence, to provide for basic needs, including food, clothing, health, or safety; and unable to make a rational and informed decision as to whether or not to submit to treatment.

9. The Certificate of Medical Examination is attached hereto as ***“Exhibit A”*** (Required if applicant is not the Hunt County Attorney):

- i. Date completed: _____
- ii. Name of Physician: _____

10. If seeking involuntary commitment of Proposed Patient while admitted as voluntarily patient, complete the following:

- ☐ a. Proposed Patient has filed a written request for release with the facility administrator, which has not been withdrawn;
or
- b. It is of the opinion of the physician responsible for the Proposed Patient’s treatment that the Proposed Patient meets the criteria for court-ordered mental health services, and
 - ☐ i. is absent from the facility without authorization; or
 - ☐ ii. is unable to consent to appropriate and necessary psychiatric treatment; or
 - ☐ iii. refuses to consent to necessary and appropriate treatment recommended by the physician responsible for the Proposed Patient’s treatment and physician has completed a Certificate of Medical Exam with the information required by §572.005 HSC(a)(2)(C).

Wherefore, Applicant prays that upon final hearing, treatment be authorized for Proposed Patient for a period not to exceed 45 days, or 90 days, if the Court finds that a longer period is necessary, and that Proposed Patient be ordered committed to the following facility: _____ or be required to participate in outpatient mental health services under the provisions of the Texas Health & Safety Code and laws of the State of Texas.

SIGNED on the following date: _____.

APPLICANT

☐ **Individual**

- Or -

☐ **Hunt County Attorney’s Office**

SBN:

EMAIL:

PHONE #:

ADDRESS:

STATE OF TEXAS §
COUNTY OF §

Before me, the undersigned notary public, on this day personally appeared the Applicant in the above numbered cause and swears that he/she read the above and foregoing Application for Court-Ordered Temporary Inpatient Mental Health Services, and that every statement contained therein is within his/ her personal knowledge and is true and correct.

Subscribed and sworn to before me on the following date: _____.

NOTARY SIGNATURE