

CAUSE NO. _____

THE STATE OF TEXAS

§

IN THE PROBATE COURT

FOR THE BEST INTEREST

§

OF

AND PROTECTION OF

§

DENTON COUNTY, TEXAS

§

WAIVER OF RIGHT TO BE PRESENT AT HEARING

I, _____, do hereby state that I do not desire to be present at the HEARING REGARDING PSYCHOACTIVE MEDICATION on the Application for Order to Authorize Psychoactive Medication filed with the County Clerk of Denton County.

I do hereby authorize said hearing officer to make the finding upon the basis of the Certificates of Medical Examination for Mental Illness on file with said Court and to expedite the case to hearing at the earliest possible date.

Patient

Attorney for Patient

DATE: _____

GRANTED

DENIED

**ASSOCIATE JUDGE
PROBATE COURT
DENTON COUNTY, TEXAS**