

CAUSE NUMBER \_\_\_\_\_

STATE OF TEXAS FOR § THE PROBATE COURT  
THE BEST INTEREST AND § OF  
PROTECTION OF \_\_\_\_\_ § DENTON COUNTY, TEXAS

**CONSENT TO RELEASE INFORMATION**

I the proposed patient in the above numbered case give my consent to the Mental Health Court to release information concerning the case to the individuals listed below.

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Proposed Patient