

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
AND PROTECTION OF

§  
§  
§  
§

THE PROBATE COURT  
OF  
DENTON COUNTY,  
TEXAS

\_\_\_\_\_  
(use initials only)

**APPLICATION FOR COURT-ORDERED MENTAL HEALTH SERVICES**

- Temporary Mental Health Services  Extended Mental Health Services

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I \_\_\_\_\_,  
am the Applicant filing this application. My relationship to proposed patient is: \_\_\_\_\_  
\_\_\_\_\_. My Phone Number is: \_\_\_\_\_,  
My Address is: \_\_\_\_\_.

1. I am making this Application for Court-Ordered Mental Health Services for,

\_\_\_\_\_, hereinafter referred to as  
Proposed Patient, who resides in \_\_\_\_\_ County, Texas.

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In accordance with the Texas Health and Safety Code §574.003,  
please indicate the Spoken Language of the proposed patient for Court  
Proceedings: \_\_\_\_\_

2. **Please indicate where the proposed patient can be apprehended the day of Court**

*The Court must know of any changes in this address by 10:00 a.m. the day of Court*

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Any Special Needs when transporting? \_\_\_\_\_

How did the proposed patient come to be at your facility? \_\_\_\_\_

Please indicate the reason for filing this application? \_\_\_\_\_

**3. In accordance with the Texas Health and Safety Code §574.002**

Based upon information received, I believe that the proposed patient is mentally ill; and as a result of that mental illness the proposed patient meets the criteria in Section 574.034 or 574.035 of the Texas Health and Safety Code for court-ordered inpatient mental health services. My beliefs are based on the following facts:

1. ( ) is likely to cause serious harm to self.

Demonstrated by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

2. ( ) is likely to cause serious harm to others.

Demonstrated by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

3. ( ) is suffering severe and abnormal mental, emotional or physical distress; experiencing substantial mental or physical deterioration of proposed patient's ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for proposed patient's basic needs, including food, clothing, health, or safety;.

Demonstrated by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND

4. ( ) the proposed patient unable to make a rational and informed decision as to whether or not to submit to treatment.

Demonstrated by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND

5. ( ) The proposed patient has an inability to participate in outpatient treatment services effectively and voluntarily at this time.

Demonstrated by: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AND

6. Does the proposed patient have any Pending Criminal Charges? **No** \_\_\_ / **Yes** \_\_\_

See Attached as Incorporated

7. For Extended Commitment please check the following criteria:

- (a) The patient's condition is expected to continue for more than 90 days; and  
(b) The Proposed Patient has received court-ordered inpatient mental health services under Subtitle §574.034 or §574.035, Texas Health and Safety Code or under Chapter §46B, Code of Criminal Procedure, for at least 60 consecutive days during the preceding 12 months; or court-ordered outpatient mental health services under this subtitle or under Subchapter D or E, Chapter 46B, Code of Criminal Procedure, during the preceding 60 days.

**3. In accordance with the Texas Health and Safety Code §574.002**

Based upon information received, I believe that the proposed patient is mentally ill; and as a result of that mental illness the proposed patient meets the criteria in Section 574.0345 or 574.0355 of the Texas Health and Safety Code for court-ordered outpatient mental health services. My beliefs are based on the following facts:

1. ( ) Appropriate Outpatient Mental Health Services are available to the proposed patient via: \_\_\_\_\_

2. ( ) the proposed patient is a person with severe and persistent mental illness; Demonstrated by: \_\_\_\_\_

3. ( ) as a result of the mental illness, the proposed patient will, if not treated, experience deterioration of the ability to function independently to the extent that the proposed patient will be unable to live safely in the community without court-ordered outpatient mental health services; Demonstrated by: \_\_\_\_\_

4. ( ) outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the proposed patient or others; Demonstrated by: \_\_\_\_\_

AND

5. ( ) the proposed patient has an inability to participate in outpatient treatment services effectively and voluntarily, Demonstrated by:

1. ( ) any of the proposed patient's actions occurring within the two-year period that immediately precedes the hearing as follows: \_\_\_\_\_

OR

2. ( ) specific characteristics of the proposed patient's clinical condition that significantly impair the proposed patient's ability to make a rational and informed decision whether to submit to voluntary outpatient treatment as follows: \_\_\_\_\_

AND

6. Does the proposed patient have any Pending Criminal Charges? **No** \_\_\_ / **Yes** \_\_\_

7. For Extended Commitment please check the following criteria:  See Attached as Incorporated

(a) The patient's condition is expected to continue for more than 90 days; and

(b) The Proposed Patient has received court-ordered inpatient mental health services under Subtitle §574.034 or §574.035, Texas Health and Safety Code or under Chapter §46B, Code of Criminal Procedure, for at least 60 consecutive days during the preceding 12 months; or court-ordered outpatient mental health services under this subtitle or under Subchapter D or E, Chapter 46B, Code of Criminal Procedure, during the preceding 60 days.

**ONLY Complete this Question IF the proposed patient was Admitted Voluntarily for Inpatient Services to your Mental Health Facility.**

**4. In accordance with the Texas Health and Safety Code §572.005**

**Please Check All That Apply**

An application for Court-Ordered Mental Health Services may not be filed against a patient receiving voluntary inpatient services unless:

- (1) a request for release of the Patient has been filed with the Facility Administrator; or
- (2) in the opinion of the Physician responsible for the Patient's treatment, the Patient meets the criteria for Court-Ordered Mental Health Services *and*:
  - (A) is absent from the facility without authorization;
  - (B) is unable to consent to appropriate and necessary psychiatric treatment; or
  - (C) refuses to consent to necessary and appropriate treatment recommended by the Physician responsible for the Patient's treatment and that Physician completes a Certificate of Medical Examination for Mental Illness that, in addition to the information required by Section §574.011, includes the opinion of the physician that:
    - (i) there is no reasonable alternative to the treatment recommended by the Physician; *and*
    - (ii) the Patient will not benefit from continued inpatient care without the recommended treatment.
- (3) The Physician responsible for the Patient's treatment *shall* notify the Patient if the Physician intends to file an Application for Court-Ordered Mental Health Services.

5. A Certificate of Medical Exam (CME) \_\_\_\_\_ is attached / \_\_\_\_\_ is not attached. Completed by \_\_\_\_\_. Date the Certificate of Medical Examination was conducted/performed on \_\_\_\_\_.

6. **If the proposed patient is a Minor, or a Protected Person in a Guardianship and admitted under a Guardian's Application for Emergency Detention, please provide the Name(s), Address, and Phone Number(s) of Parent(s) or Guardian(s).**  
*Also, provide the County in which the Guardianship was filed/issued and supply a Letter of Guardianship:*

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**SIGNED** on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
**Applicant Signature**

BEFORE ME, the undersigned notary public, on this day personally appeared the Applicant in the above numbered cause, and that he / she has read the above and foregoing Application for Temporary 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public, State of Texas**

**Approved For Filing by:**

\_\_\_\_\_  
**Assistant District Attorney  
Denton County, Texas**

CAUSE NO. \_\_\_\_\_

**AFFIDAVIT OF FACTS  
SUPPORTING THE APPLICATION FOR COURT-ORDERED MENTAL HEALTH  
SERVICES**

\_\_\_\_\_  
PROPOSED PATIENT  
*(use initials only)*

\_\_\_\_\_  
APPLICANT  
*(use initials only)*

1. Does the proposed patient have any Pending Criminal Charges? **No** \_\_\_ / **Yes** \_\_\_
  
2. Has the proposed patient ever received Psychiatric Care?  **No** /  **Yes** /  **Unknown**  
**If yes, when and where?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Do you have reason to believe, and do believe, that the proposed patient is at risk of serious harm to self or others?  **No** /  **Yes** /  **Unknown. Specify the risk and describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Do you have reason to believe, and do believe, that the risk is substantial unless the proposed patient is immediately restrained and is unable to return safely to the community?  **No** /  **Yes** /  **Unknown. Specify and describe need for immediate restraint:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. State whether your beliefs are based on,  recent behavior,  overt acts,  attempts, or  threats. **Specify and describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Do you think the proposed patient will be violent when the officers arrive to transport to court? \_\_\_\_\_
  
7. Is it known if there are any Knives or Guns in the proposed patient House?  **No** /  **Yes** /  **Unknown. If yes, what type of weapons:** \_\_\_\_\_

8. Does the proposed patient carry weapons?  **No** /  **Yes** /  **Unknown**. If known, what types of weapons? \_\_\_\_\_
9. Has the proposed patient participated in recent Outpatient Treatment?  **No** /  **Yes** /  **Unknown, If yes, when and where?** \_\_\_\_\_
10. Detail your efforts as the applicant, to obtain Outpatient Treatment as a least restrictive, most effective treatment, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

See Attached as Incorporated

**SIGNED** on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
**Applicant Signature**

BEFORE ME, the undersigned notary public, on this day personally appeared the Applicant in the above numbered cause, and that he / she has read the above and foregoing Affidavit of Facts Supporting the Application for Temporary 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public, State of Texas**