

## **[Judicial Administration Committee Redline]**

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Cause No. \_\_\_\_\_

(The court clerk will fill in this blank when you turn in this Application.)

The State of Texas for the

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In the \_\_\_\_\_ Court

(The court clerk will fill in this blank  
when you turn in this Application.)

Best Interest and Protection of

\_\_\_\_\_ County, Texas

\_\_\_\_\_  
(List the initial of the person you seek to  
protect.)

(The court clerk will fill in this blank  
when you turn in this Application.)

**Application for Emergency Detention**  
(Sec. 573.011, Texas Health and Safety Code)

1. My full name is \_\_\_\_\_.
2. I am \_\_\_\_\_ years old.
3. My address is \_\_\_\_\_.
4. My phone number is \_\_\_\_\_.
5. My email address is \_\_\_\_\_.
6. I have reason to believe and do believe that the following person has a mental illness:  
\_\_\_\_\_. This person is called the "Proposed Patient."  
(List the person's full name.).
7. I have reason to believe and do believe that the Proposed Patient presents a substantial risk of  
serious harm to themselves or to others, which I have described in specific detail below:

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**Commented [KW1]:** If a specific type of address (home or  
business) is needed, specify as much.

8. I have reason to believe and do believe that the risk of harm from the Proposed Patient is imminent unless the Proposed Patient is immediately restrained.

9. My beliefs are based on specific recent behavior, acts, attempts, or threats by the Proposed Patient, which I have described in specific detail below:

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10. My relationship to the Proposed Patient is: \_\_\_\_\_.

11. (Check one.)

I am the Proposed Patient's guardian:

☐ No

☐ Yes, and the following Court granted the guardianship: \_\_\_\_\_  
(List the Court's name.)

12. I have attached any other relevant information to this Application.

13. I swear to the truth of everything in this Application, and I know that I can be prosecuted for the crime of lying.

\_\_\_\_\_  
Applicant (Sign your name here.)

\_\_\_\_\_  
Date

You should **not** fill in this portion of the Application. The judge or magistrate will complete it.

This Application was sworn to before me on \_\_\_\_\_.  
(List the date.)

\_\_\_\_\_  
Judge/Magistrate (Print name here.)

\_\_\_\_\_  
Judge/Magistrate (Sign name here.)

**Advisement to Patient under Emergency Detention**

(To be completed by a peace officer. **The peace officer should return one copy to the court.**)

To: \_\_\_\_\_  
(List the Patient's name.)

You are being temporarily detained at a facility to determine if you are suffering from mental illness and if you need mental health services for the protection of yourself and others. "Detained" means held.

You should know the following information:

1. You are being temporarily detained at \_\_\_\_\_ ("Facility").  
(List the facility's name.)
2. The reasons for your temporary detention are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
3. A doctor must examine you in the first 12 hours of your temporary detention. The Facility will then decide whether to officially admit you for temporary detention. "Temporary detention" is sometimes called "emergency detention" and usually lasts for less than 48 hours unless a court orders a longer period.
4. Your temporary detention could result in a longer period of involuntary commitment to a mental health facility. "Involuntary commitment" means checking you in to a mental health facility without your consent.
5. You have the right to hire a lawyer of your own choosing. If you cannot afford to hire a lawyer, a lawyer will be appointed to represent you. You must be given a reasonable opportunity to communicate with your lawyer.
6. You also have the right to a reasonable opportunity to communicate with a member of your family or another person who has an interest in your health and safety.
7. If you communicate with a mental health professional, those communications may be used to determine if a longer period of detention is necessary.

8. You will be released from temporary detention if, after the doctor's examination, the Facility decides not to officially admit you.

9. Even if the Facility decides to officially admit you, you have the right to be released from temporary detention if the Facility administrator determines at any time that:

- a. you no longer have a mental illness;
- b. there is no longer a substantial risk of serious harm to yourself or others;
- c. the risk of harm to yourself or to others is no longer imminent; or
- d. temporary detention is no longer the least restrictive means of restraint necessary.

10. If you are released, you have the right to be taken back to the location where you were found, to your Texas home, if any, or to another suitable location, unless you are arrested or object to the return.

**Commented [KW2]:** Will there ever be more than one Facility administrator? If so, change "the" to "a" here.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Peace Officer

\_\_\_\_\_  
Date

Cause No. \_\_\_\_\_

The State of Texas for the

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In the \_\_\_\_\_ Court

Best Interest and Protection of

\_\_\_\_\_ County, Texas

\_\_\_\_\_  
(List the initial of the person you seek to  
protect.)

**Motion for Protective Custody**

**(Sec. 574.021, Texas Health and Safety Code)**

(To be completed by a county or district attorney.)

1. An application for court-ordered mental health services (“Application”) was filed in the Court and is still pending.
2. A Certificate of Medical Examination for Mental Illness (“Certificate”) is attached to this Motion. The Certificate was prepared by a physician (“Certifying Physician”) who examined \_\_\_\_\_ (“Proposed Patient”) within the three days before this Motion’s filing.
3. The person filing this motion (“Movant”) has reason to believe and does believe that: (1) the Certifying Physician stated their opinion that the Proposed Patient is a person with mental illness and gave the detailed basis for that opinion; and (2) the Proposed Patient presents a substantial risk of serious harm to themselves or others if not immediately restrained pending a hearing.
4. Movant’s belief is derived from:  
  
(Check all that apply.)  
☐ the representation of a credible person;  
☐ the Proposed Patient’s conduct;  
☐ the circumstances under which the Proposed Patient was found.
5. Movant asks the Court to determine—based on the information in the Application, this Motion, and the Certificate—that (1) the Certifying Physician stated their opinion that the Proposed Patient is a person with mental illness and gave the detailed basis for that opinion; and (2) the Proposed Patient presents a substantial risk of serious harm to themselves or others if not immediately restrained pending a hearing. However, Movant conditionally requests to present additional evidence if the Court decides that a fair determination cannot be made from the Application, Motion, and Certificate alone.

6. Movant asks the Court to issue an Order of Protective Custody, ordering that a peace officer or other designated person:

(Check one.)

- ☐ take the Proposed Patient into protective custody and immediately transport the Proposed Patient to \_\_\_\_\_ (“Facility”).
- ☐ maintain protective custody of the Proposed Patient at \_\_\_\_\_ (“Facility”).

7. Movant also asks the Court to order that the Proposed Patient be detained in the Facility until a probable cause hearing or a hearing on court-ordered mental health services, whichever is first.

Respectfully Submitted,

\_\_\_\_\_  
County/District Attorney Name and Contact  
Information

\_\_\_\_\_  
County/District Attorney Signature

\_\_\_\_\_  
Date



Cause No. \_\_\_\_\_

The State of Texas for the

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In the \_\_\_\_\_ Court

Best Interest and Protection of

\_\_\_\_\_ County, Texas

**Order of Protective Custody**

1. An Application for Court-Ordered Mental Health Services (“Application”) for \_\_\_\_\_ (“Proposed Patient”) was filed in this Court. A Motion for Protective Custody (“Motion”) was filed by the appropriate representative of the State. A Certificate of Medical Examination for Mental Illness (“Certificate”) was attached to the ~~M~~otion. The Certificate showed that the Proposed Patient was examined within the three days before the Motion’s filing, by \_\_\_\_\_ (“Certifying Physician”).
2. The Court has considered the Application, Motion, and Certificate.
3. (Check one.)  
☐ The Court determines that the conclusions of the Applicant, Movant, and Certifying Physician are adequately supported by the information provided.  
☐ The Court heard additional evidence.
4. Based on the Application, Motion, Certificate, and any additional evidence heard, the Court determines that the Certifying Physician stated their opinion that the Proposed Patient is a person with mental illness and gave the detailed basis for that opinion. The Court also determines that the Proposed Patient shows a substantial risk of serious harm to themselves or others if not immediately restrained pending a hearing. The substantial risk of serious harm was evidenced by:  
  
(Check all that apply.)  
☐ the Proposed Patient’s behavior;  
☐ evidence of severe emotional distress and deterioration in the Proposed Patient’s mental condition to the extent that the ~~P~~roposed ~~P~~atient cannot remain at liberty.
5. A person authorized to transport a patient under Section 574.045 of the Texas Health and Safety Code **is ordered** to:  
  
(Check one.)  
☐ take the Proposed Patient into protective custody and immediately transport the Proposed Patient to \_\_\_\_\_ (“Facility”),

which the Court finds is a suitable facility, pending a probable cause hearing or a hearing on court-ordered mental health services, whichever is first.

☐ maintain custody of the Proposed Patient at \_\_\_\_\_  
("Facility"), which the Court finds is a suitable facility, pending a probable cause hearing or a hearing on court-ordered mental health services, whichever is first.

6. A person authorized to transport a patient under Section 574.045 of the Texas Health and Safety Code **is also ordered** to return a copy of this Order, signed by the Facility's representative, to the Court.

Commented [KW3]: Should this be "a"?

7. **This Order is effective for 72 hours from the below date and time, unless the expiration time falls on a weekend or legal holiday, then the Order expires the next business day at 4 p.m.**

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Judge (Print name here.)

\_\_\_\_\_  
Judge (Sign name here.)

**To be completed by the Facility:**

The Proposed Patient was received at \_\_\_\_\_ (facility name)  
on \_\_\_\_\_ (date).

\_\_\_\_\_  
Facility Representative (Print name here.)

\_\_\_\_\_  
Facility Representative (Sign name here.)

\_\_\_\_\_  
Title

Cause No. \_\_\_\_\_

The State of Texas for the

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In the \_\_\_\_\_ Court

Best Interest and Protection of

\_\_\_\_\_ County, Texas

\_\_\_\_\_  
(List the initial of the person you seek to protect.)

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

**Motion to Modify Court-Ordered Inpatient Mental Health Services to  
Outpatient Mental Health Services**  
(Sec. 574.061, Texas Health and Safety Code)

1. My name is \_\_\_\_\_.
2. I am a Mental Health Administrator at \_\_\_\_\_.  
(List the name of the facility.)
3. I am the individual responsible for the court-ordered inpatient mental health services of the Patient, \_\_\_\_\_.  
(List the name of the patient.)
4. The Court issued an Order for Inpatient Mental Health Services on \_\_\_\_\_  
(date) that ordered the Patient to participate in involuntary inpatient mental health services at \_\_\_\_\_.  
(List the name of the facility.)
5. The Order for Inpatient Mental Health Services provides for:  
  
(Check one.)  
☐ temporary inpatient services under Section 574.034 of the Texas Health and Safety Code.  
☐ extended inpatient services under Section 574.035 of the Texas Health and Safety Code.
6. I believe there has been a substantial change in the needs and condition of the Patient, and the Patient now requires a less restrictive environment. The detailed reasons for my opinion are:

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\_\_\_\_\_  
\_\_\_\_\_.

7. I have attached a supporting Certificate of Medical Examination for Mental Illness, showing that the Patient was examined, within the seven days before this Motion's filing, by

\_\_\_\_\_  
(List the name of the certifying physician.)

8. I ask the Court to modify the Order for Inpatient Mental Health Services to require the Patient to participate in outpatient mental health services.

\_\_\_\_\_  
Movant (Print your name here.)

\_\_\_\_\_  
Movant (Sign your name here.)

\_\_\_\_\_  
Date

Cause No. \_\_\_\_\_

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In the \_\_\_\_\_ Court

Best Interest and Protection of

\_\_\_\_\_ County, Texas

\_\_\_\_\_  
(List the initial of the person you seek to  
protect.)

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

**Certificate of Notice**

**Motion to Modify Court-Ordered Inpatient Services to Outpatient Services**

I certify that on \_\_\_\_\_ (date) I gave a copy of the Motion to Modify Court-Ordered Inpatient Services to Outpatient Services to the Patient.

The Patient:

(Check one.)

☐ requests a hearing

☐ **does not** request a hearing.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

Cause No. \_\_\_\_\_

The State of Texas for the

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In the \_\_\_\_\_ Court

Best Interest and Protection of

\_\_\_\_\_ County, Texas

\_\_\_\_\_  
(List the initial of the person you seek to protect.)

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

**Application for Order to Administer Psychoactive Medication**

**(Patient with Criminal Justice Involvement)**

**(Sec. 574.104, Texas Health and Safety Code)**

1. My name is \_\_\_\_\_.
2. (Check one.)  
☐ I am a M.D.  
☐ I am a D.O.
3. I am filing this Application under Section 574.104 of the Texas Health and Safety Code to ask for an order authorizing the administration of psychoactive medication(s) listed in Exhibit A to \_\_\_\_\_ ("Patient"), regardless of Patient's refusal.  
(List the patient's name.)
4. The Court issued an Order for Inpatient Mental Health Services on \_\_\_\_\_ (date) that ordered the Patient to participate in involuntary inpatient mental health services.
5. The current Order for Inpatient Mental Health Services provides for services under:  
(Check one.)  
☐ Chapter 46B of the Texas Code of Criminal Procedure, titled "Incompetency to Stand Trial."  
☐ Chapter 46C of the Texas Code of Criminal Procedure, titled "Insanity Defense."  
☐ Chapter 55 of the Texas Family Code, titled "Proceedings Concerning Children with Mental Illness or Intellectual Disability."
6. I have diagnosed the Patient with the following condition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
7. I have determined that the administration of the psychoactive medication(s) listed in Exhibit A is the proper course of treatment for and in the best interest of the Patient.

8. I propose administering the psychoactive medication(s) by the method(s) specified in Exhibit A. If a proposed method for administering a medication is not customary, I have explained my reasons for the departure from custom in Exhibit A.

9. The Patient, verbally or by other indication, refuses to take voluntarily the psychoactive medication(s) listed in Exhibit A.

10. (Check all that apply.)

☐ I believe the Patient lacks the capacity to make a decision regarding the administration of psychoactive medication for the following reasons:

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☐ I believe the Patient presents a danger, as set forth in Section 574.1065 of the Texas Health and Safety Code, to self or others in the mental health facility or correctional facility in which they are being treated for the following reasons:

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11. I believe that, if the Patient is treated with the psychoactive medication(s) listed in Exhibit A, the Patient's prognosis is:

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12. I have considered the following alternatives to the psychoactive medication(s) listed in Exhibit A for treatment of the Patient:

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13. I have determined that the alternatives listed in paragraph 12 will not be as effective as the administration of the psychoactive medication(s) listed in Exhibit A for the following reasons:

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14. I believe that, if the Patient is not administered the psychoactive medication(s) listed in Exhibit A, the consequences will be:

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15. I believe that the benefits of the Patient taking the psychoactive medication(s) listed in Exhibit A outweigh the risks of such medication in relation to present medical treatment.

16. I believe the following entity is responsible for costs and expenses:

☐ Hospital: \_\_\_\_\_ (List name of hospital.)

☐ Healthcare district

☐ County where the proceedings are pending

☐ Other County: \_\_\_\_\_  
(List the name of the other county.)

\_\_\_\_\_  
(List the person you spoke with from that county.)

\_\_\_\_\_  
(List that person's phone number.)

\_\_\_\_\_  
(List the date you contact that person.)

(Attach paperwork from the other county to this Application.)

17. In addition to the requests in paragraphs 3 and 4, I also ask the Court to:
- a. appoint a lawyer to represent the Patient;
  - b. set a hearing on this Application to be held not later than 30 days after the date this Application is filed;
  - c. direct the Clerk of the Court to issue a notice of hearing with a copy of this Application to be served upon the Patient immediately after the time of the hearing is set; and
  - d. direct the Clerk of the Court to issue a notice of hearing to me immediately after the time of hearing is set.
18. I swear to the truth of everything in this Application, and I know that I can be prosecuted for the crime of lying.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant (List your contact information here.)

\_\_\_\_\_  
Applicant (Sign your name here.)

Cause No. \_\_\_\_\_

The State of Texas for the

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In the \_\_\_\_\_ Court

Best Interest and Protection of

\_\_\_\_\_ County, Texas

\_\_\_\_\_  
(List the initial of the person you seek to  
protect.)

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

**Application for Order to Administer Psychoactive Medication**

**(Patient without Criminal Justice Involvement)**

**(Sec. 574.104, Texas Health and Safety Code)**

1. My name is \_\_\_\_\_.

2. (Check one.)

☐ I am a M.D.

☐ I am a D.O.

3. I am filing this Application under Section 574.104 of the Texas Health and Safety Code to ask for an order authorizing the administration of psychoactive medication(s) listed in Exhibit A to \_\_\_\_\_ ("Patient"), regardless of Patient's refusal.

(List Patient's name.)

4. (Check one.)

☐ The Court issued an Order for Inpatient Mental Health Services on \_\_\_\_\_ (date) that ordered the Patient to participate in involuntary inpatient mental health services.

☐ An Application for Court-Ordered Mental Health Services has been filed and is still pending. I ask that this Application be heard on the same date as the Application for Court-Ordered Mental Health Services.

5. The current Order for Inpatient Mental Health Services or Application for Court-Appointed Mental Health Services provides for or requests:

(Check one.)

☐ temporary inpatient services under Section 574.034 of the Texas Health and Safety Code.

☐ extended inpatient services under Section 574.035 of the Texas Health and Safety Code.

6. I have diagnosed the Patient with the following condition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. I have determined that the administration of the psychoactive medication(s) listed in Exhibit A is the proper course of treatment for and in the best interest of the Patient.
8. I propose administering the psychoactive medication(s) by the method(s) specified in Exhibit A. If a proposed method for administering a medication is not customary, I have explained my reasons for the departure from custom in Exhibit A.
9. The Patient, verbally or by other indication, refuses to take voluntarily the psychoactive medication(s) listed in Exhibit A.
10. I believe the Patient lacks the capacity to make a decision regarding the administration of psychoactive medication for the following reasons:

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11. I believe that, if the Patient is treated with the psychoactive medication(s) listed in Exhibit A, the Patient's prognosis is:

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12. I have considered the following alternatives to the psychoactive medication(s) listed in Exhibit A for treatment of the Patient:

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13. I have determined that the alternatives listed in paragraph 12 will not be as effective as the administration of the psychoactive medication(s) listed in Exhibit A for the following reasons:

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14. I believe that, if the Patient is not administered the psychoactive medication(s) listed in Exhibit A, the consequences will be:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

15. I believe that the benefits of the Patient taking the psychoactive medication(s) listed in Exhibit A outweigh the risks of such medication in relation to present medical treatment.

16. I believe the following entity is responsible for costs and expenses:  
☐ Hospital: \_\_\_\_\_ (List name of hospital.)  
☐ Healthcare district  
☐ County where the proceedings are pending  
☐ Other County: \_\_\_\_\_  
(List the name of the other county.)

\_\_\_\_\_  
(List the person you spoke with from that county.)

\_\_\_\_\_  
(List that person's phone number.)

\_\_\_\_\_  
(List the date you contact that person.)

**(Attach paperwork from the other county to this Application.)**

17. In addition to the requests in paragraphs 3 and 4, I also ask the Court to:
- a. appoint a lawyer to represent the Patient;
  - b. set a hearing on this Application to be held not later than 30 days after the date this Application is filed;
  - c. direct the Clerk of the Court to issue a notice of hearing with a copy of this Application to be served upon the Patient immediately after the time of the hearing is set; and
  - d. direct the Clerk of the Court to issue a notice of hearing to me immediately after the time of hearing is set.

18. I swear to the truth of everything in this Application, and I know that I can be prosecuted for the crime of lying.

\_\_\_\_\_  
Date

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Applicant (List your contact information here.)

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Applicant (Sign your name here.)