

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 TEMPORARY MENTAL HEALTH SERVICES**

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

1. I am making this Application for Temporary 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?  
\_\_\_\_\_

**In accordance with the Texas Health and Safety Code §574.034**

**Please Check All That Apply**

3. Based upon information and belief it is my opinion that the Proposed Patient:
- (A) is mentally ill; *and*
  - (B) as a result of that mental illness is:
    - (1) Likely to cause serious harm to self                      OR
    - (2) Likely to cause serious harm to others                      OR
    - (3) is suffering severe and abnormal mental, emotional or physical distress;
    - (4) is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the Proposed Patient's inability, except for reasons of indigence, to provide for his / her basic needs, including food, clothing, health, or safety; *and*,
    - (5) is unable to make a rational and informed decision as to whether or not to submit to treatment.
    - (6) The Proposed Patient has an inability to participate in outpatient treatment services effectively and voluntarily
  - (C) is not charged with a criminal offense.

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

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

**Please Check All That Apply**

4. 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 \_\_\_\_\_

6. **If the Proposed Patient is a Minor or a Ward in a Guardianship, please give the Name, Address, and Phone Number of Parent(s) or Guardian.** Also *indicate the County in which the Guardianship was filed 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 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?  
**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? **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? **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?  
\_\_\_\_\_
  
7. Are there any Knives or Guns in the Proposed Patient House? \_\_\_\_\_

8. Does the Proposed Patient carry weapons? \_\_\_\_\_
9. Has the Proposed Patient participated in recent Outpatient Treatment? **If yes, when and where?** \_\_\_\_\_
10. Detail Applicant's efforts to obtain Outpatient Treatment if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**