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

THE STATE OF TEXAS § IN THE COUNTY COURT

FOR THE BEST INTEREST §

AND PROTECTION OF § AT LAW NUMBER TWO OF

§

      (Initials Only), §

THE PROPOSED PATIENT § WILLIAMSON COUNTY, TEXAS

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

Now comes,      , an adult person, hereafter called **Applicant***,*who, after being duly sworn, presents this Application for Court-Ordered Temporary Mental Health Services, and in support thereof, under oath, would state to the Court, upon information and belief, the following:

That      , hereafter called **Proposed Patient***,* is a resident of       County, Texas, having his/her street address at

                 

(City) (County) (State) (Zip Code)

where the Proposed Patient resides, was found, or is receiving mental health services by court order.

That the Proposed Patient is mentally ill and meets the criteria as set out in Section574.034, Texas Health & Safety Code, for court-ordered temporary mental health services.

That the Proposed Patient **is**  **or is not**  charged with a criminal offense.

Applicant would further show the Court that Applicant has been informed that, for the costs and attendant expenses actually paid, the County is entitled to reimbursement by the Proposed Patient or any person or estate liable for his/her support, and that neither the County nor the State shall pay any costs for a patient committed to a private mental hospital.

Wherefore, Applicant prays that, upon final hearing, treatment be authorized for the Proposed Patient for a period not to exceed 45 days unless the Court finds that a longer period not to exceed 90 days is necessary, and that the Proposed Patient either be ordered committed to the following designated mental health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or be required to participate in out-patient mental health services, under the provisions of the Texas Health and Safety Code and the laws of the State of Texas.

Dated the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2022.

Applicant

SUBSCRIBED AND SWORN TO before me on this the       day of \_\_\_\_\_\_\_\_\_\_\_\_, 2022.

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

Notary Public, State of Texas