

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

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IN THE COUNTY COURT

AT LAW NO. 2 OF

THE PROPOSED PATIENT

HUNT COUNTY, TEXAS

WAIVER(S) OF PROPOSED PATIENT

- I, the Proposed Patient in the above entitled and numbered cause, hereby WAIVE MY RIGHT TO ATTEND THE HEARING to determine if probable cause exists to be detained pursuant to an ORDER OF PROTECTIVE CUSTODY issued in the cause pursuant to Texas Health and Safety Code § 574.025.
- I, the Proposed Patient in the above styled and numbered cause, having been advised of my right to a hearing to determine if probable cause exists for me to be detained pursuant to an ORDER OF PROTECTIVE CUSTODY issued in this cause and to contest the same, do hereby WAIVE MY RIGHT TO A HEARING AND DO HEREBY AGREE TO ABIDE BY SUCH ORDER FOR PROTECTIVE CUSTODY. It is expressly understood that this is not to be considered as an admission of mental illness or dangerousness to myself or others, and further that I reserve all rights to present any defenses available at the time of a hearing on the merits.
- I, the Proposed Patient in the above entitled and numbered cause, do hereby state that I DO NOT DESIRE TO BE PRESENT AT THE HEARING on the APPLICATION FOR COURT ORDERED MENTAL HEALTH SERVICES in the above-referenced cause, and therefore waive my right to be present at the hearing pursuant to Texas Health and Safety Code § 574.031.
- I, the Proposed Patient in the above-referenced cause, hereby WAIVE THE RIGHT TO CROSS-EXAMINE WITNESSES at the hearing on the APPLICATION FOR COURT ORDERED MENTAL HEALTH SERVICES and file same with the Court. Accordingly, at the Hearing on the Application for Court-Ordered Mental Health Services, the Court may admit into evidence the Certificate of Medical Examination for Mental Illness based on examinations conducted within the preceding 30 days, and, if so admitted, the Certificates shall constitute competent medical or psychiatric testimony and the Court may make its findings on the basis of these Certificates. I further WAIVE EVIDENCE OF EITHER A RECENT OVERT ACT OR A CONTINUING PATTERN OF BEHAVIOR, in either case, tending to confirm the likelihood of serious harm to others or to me, the Proposed Patient, or my distress and deterioration of ability to function.
- I, the Proposed Patient do hereby state that I DO NOT DESIRE TO BE PRESENT at the HEARING REGARDING PSYCHOACTIVE MEDICATION on the Application for Order to Authorize Psychoactive Medication filed with the County Clerk of Hunt County. I do hereby authorize said hearing officer to make the finding upon the basis of the Certificates of Medical Examination for Mental Illness on file with said Court and to expedite the case to hearing at the earliest possible date.
- I, the Proposed Patient, do hereby state that I DO NOT DESIRE TO BE PRESENT at the EXTENDED HEARING on THE APPLICATION FOR RENEWAL OF ORDER FOR EXTENDED COURT-ORDERED MENTAL HEALTH SERVICES filed with the County Clerk of Hunt County. I do hereby authorize said hearing officer to make the finding upon the basis of the Certificate(s) of Medical Examination for Mental Illness on file with said Court and to expedite the case to hearing at the earliest possible date

SIGNED this the _____ day of _____, 20_____.

PROPOSED PATIENT

I, the attorney for the Proposed Patient, have visited with the Proposed Patient, communicated with members of the treatment staff, and reviewed the evidence. I have advised the Proposed Patient of his/her rights. After consulting with the proposed patient concerning his/her rights, the Proposed Patient has chosen the above waiver(s).

SIGNED this the _____ day of _____, 20_____.

ATTORNEY FOR PROPOSED PATIENT

ORDER APPROVING WAIVER(S)

On this day came on to be considered the Waiver(s) of the Proposed Patient, and the same having been examined by, and it appearing to the Court that said Waiver(s) is satisfactory and is supported by the evidence, the same is hereby **APPROVED**.

SIGNED this the _____ day of _____, 20_____.

**JOEL D. LITTELFIELD, PRESIDING JUDGE
HUNT COUNTY COURT AT LAW NO. 2**