	CAUSE NO	
THE STATE OF TEXAS	§	IN THE COUNTY COURT
FOR THE BEST INTEREST	ş	
AND PROTECTION OF	ş	AT LAW NO. 2 OF
	ş	
	§	HUNT COUNTY, TEXAS

APPLICATION FOR COURT-ORDERED TEMPORARY INPATIENT MENTAL HEALTH SERVICES

NOW COMES _______, an adult person, hereinafter referred to as "Applicant", and presents this Application For Court-Ordered Temporary Inpatient Mental Health Services and in support thereof, under oath, respectively states to the Court upon information and belief the following:

1.				, hereinafter	referred	to	as "Proposed
	Patient", has a street	nt", has a street address of					and resides in
		County, Texas.					
	DOB:	Race:	Gender:	SSN:			
	Spoken language:						
2.	Proposed Patient cam	ne to be at					on
	by:						
						c	

____ Voluntary Admission(see attached Affidavit Supporting Application Under §572.005)

___ Court Order (see attached Court Order)

____ APOWW (see attached Notification of Emergency Detention).

- Proposed Patient has the following transport special needs: ______
- 4. Proposed Patient is mentally ill and as a result of that mental illness meets the criteria in§574.034 for temporary impatient mental health services. My beliefs are based on the following facts:
 - Proposed Patient is likely to cause serious harm to self or others, demonstrated by the following recent overt act:

Proposed Patient is suffering from severe and abnormal mental, emotional, or physical distress; experiencing substantial mental or physical deterioration in ability to function independently, exhibited by inability, except for reasons of indigence, to provide for basic needs, including food, clothing, health, or safety; and unable to make a rational and informed decision as to whether or not to submit to treatment, demonstrated by the following continuing pattern of behavior:

- 5. Proposed Patient _____ is _____ is NOT charged with a criminal offense
- 6. Proposed Patient:
 - _____ is not a minor or protected person in a guardianship; or
 - _____ is a minor or protected person in a guardianship and the name, address, and phone number of the parent or guardian is:
- 7. The attached Certificate of Medical Examination was completed by:

_____ on _____.

8. Other information pertinent to the application:

Wherefore, Applicant prays that upon final hearing, treatment be authorized for Proposed Patient for a period not to exceed _____ 45 days, or _____ 90 days, if the Court finds that a longer period is necessary, and that Proposed Patient be ordered committed to _______.

Signed on this the _____ day of _____, 202__.

APPLICANT'S SIGNATURE

NOTARY

Seal

Before me, the undersigned notary public, on this day personally appeared the Applicant in the above numbered cause, and swears that he/she read the above and foregoing Application For Court-Ordered Temporary Inpatient 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 _____, 202___.

NOTARY SIGNATURE