



Cause No. _____

The State of Texas for the § In the _____ Court
Best Interest and Protection of §
_____ §
_____ County, Texas
§
§
§

(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:

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:

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

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

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:

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

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.)