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

**THE STATE OF TEXAS FOR THE § IN THE \_\_\_\_\_\_\_\_\_ COURT OF**

**§**

**BEST INTEREST AND PROTECTION §**

**§**

**OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials only) § \_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**

**ORDER TO ADMINISTER PSYCHOACTIVE MEDICATION**

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 202\_\_, came to be heard a Petition for Order to Administer Psychoactive Medication in the above styled cause, alleging that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter called “Patient” is subject to an Order, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for court-ordered inpatient mental health services; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the attorney representing the Patient, announced ready, and all matters of fact and law were submitted to the Court, and the Court finds as follows:

That all necessary notices and copies of the Application have been served as required by law and that all of the terms and provisions of the Health and Safety Code have been complied with.

That after considering all of the evidence, including the Application and the expert, competent medical or psychiatric testimony, it appears to the Court that the allegations of the Application are true and correct and are supported by clear and convincing evidence. It is therefore determined the Patient is a person with mental illness and meets criteria for, and requires, psychoactive medication but lacks the capacity to make a decision regarding administration of said medication and the same shall be ordered.

The Court relied on the following evidence:

doctor’s testimony

patient’s testimony

stipulation of evidence

And makes its determination for the following reasons:

Patient lacks the capacity to make a decision regarding the administration of the proposed medication; and

it would be in the Patient’s best interest to be treated with psychoactive medication.

Accordingly, it is **ORDERED** pursuant to Texas Health & Safety Code 574.106, that the:

□ Texas Health and Human Services Commission; or □ \_\_\_\_\_\_\_\_\_\_\_\_ Hospital

administer to the Patient the following class(es) of psychoactive medication:

antidepressants  mood stabilizers

antipsychotics  stimulants

anxiolytics/sedatives/hypnotics  miscellaneous drugs

substance use treatments  other

monoamine oxidase inhibitors

It is also **ORDERED** that during the period this Order is valid, the dosage of the herein authorized class(es) of psychoactive medication can be increased or decreased; restitution of medication authorized but discontinued during the period the order is valid, and/or substitution of a medication within the same class(es) is permitted.

This Order expires on the expiration or termination date of the Order for Temporary  or Extended  Mental Health Services, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

A copy of this Order to the Patient and Patient’s attorney shall serve as written notification of the Court’s determination.

**SIGNED** this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

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

**JUDGE PRESIDING**

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

**ATTORNEY FOR PATIENT**