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| **Cause No. \_\_\_\_\_\_\_\_** |
| **The State of Texas for the**  | **§****§****§** | **In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court** |
| **Best Interest and Protection of** | **§** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **§****§****§****§** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Texas** |

**Order of Protective Custody**

1. An Application for Court-Ordered Mental Health Services (“Application”) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Proposed Patient”) was filed in this Court. A Motion for Protective Custody (“Motion”) was filed by the appropriate representative of the State. A Certificate of Medical Examination for Mental Illness (“Certificate”) was attached to the Motion. The Certificate showed that the Proposed Patient was examined within the three days before the Motion’s filing, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Certifying Physician”).

1. The Court has considered the Application, Motion, and Certificate.
2. (Check one.)

🞏 The Court determines that the conclusions of the Applicant, Movant, and Certifying Physician are adequately supported by the information provided.

* The Court heard additional evidence.
1. Based on the Application, Motion, Certificate, and any additional evidence heard, the Court determines that the Certifying Physician stated their opinion that the Proposed Patient is a person with mental illness and gave the detailed basis for that opinion. The Court also determines that the Proposed Patient shows a substantial risk of serious harm to themselves or others if not immediately restrained pending a hearing. The substantial risk of serious harm was evidenced by:

(Check all that apply.)

🞏 the Proposed Patient’s behavior;

🞏 evidence of severe emotional distress and deterioration in the Proposed Patient’s mental condition to the extent that the Proposed Patient cannot remain at liberty.

5.A person authorized to transport a patient under Section 574.045 of the Texas Health and Safety Code **is ordered** to:

(Check one.)

🞏 take the Proposed Patient into protective custody and immediately transport the Proposed Patient to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Facility”), which the Court finds is a suitable facility, pending a probable cause hearing or a hearing on court-ordered mental health services, whichever is first.

🞏 maintain custody of the Proposed Patient at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Facility”), which the Court finds is a suitable facility, pending a probable cause hearing or a hearing on court-ordered mental health services, whichever is first.

6. A person authorized to transport a patient under Section 574.045 of the Texas Health and Safety Code **is also ordered** to return a copy of this Order, signed by a representative of the Facility, to the Court.

7. **This Order is effective for 72 hours from the below date and time, unless the expiration time falls on a weekend or legal holiday, then the Order expires the next business day at 4 p.m.**

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

 Date and Time

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

 Judge (Print name here.)

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

Judge (Sign name here.)

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| **To be completed by the Facility:** |
| The Proposed Patient was received at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (facility name) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Representative (Print name here.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Representative (Sign name here.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title  |