

NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF:

IN THE PROBATE COURT OF
_____ COUNTY, TEXAS

(Initials Only)

DATE OF BIRTH: _____

**APPLICATION FOR TEMPORARY
COURT-ORDERED OUTPATIENT MENTAL HEALTH SERVICES**

Now comes _____ an Applicant herein, who, after being duly sworn, presents this Application for Temporary Court-Ordered Outpatient Mental Health Services, and in support thereof, would show:

I

_____, hereinafter referred to as "Proposed Patient," is a resident of _____ County, Texas, and is presently at _____, _____

County, Texas, which is the address where the Proposed Patient resides, was found or is presently receiving mental health services. The Proposed Patient's primary language is English / Spanish.

II

Applicant would show that mental health services are available to the patient; and the Proposed Patient is mentally ill; the nature of the mental illness is severe and persistent; as a result of the mental illness, the proposed patient will, if not treated, continue to suffer severe and abnormal mental, emotional, or physical distress; and experience deterioration of the ability to function independently to the extent that the proposed patient will be unable to live safely in the community without court-ordered outpatient services; and the proposed patient has an inability to participate in outpatient treatment services effectively and voluntarily without a court order demonstrated by;

- a. Any of the proposed patient's actions occurring within the two year period which immediately precedes the hearing; or
- b. Specific characteristics of the proposed patient's clinical condition that make impossible a rational and informed decision whether to submit to voluntary outpatient treatment.

III

Applicant would show that:

- (a) the Proposed Patient is / **is not** charged with a criminal offense at the time of the filing of this Application. OR
- b. Applicant does not have knowledge whether the Proposed Patient is charged with an offense, at the time of the filing of this Application.

WHEREFORE, Applicant prays that this Honorable Court will set a date and place for hearing on this Application, that the Proposed Patient be examined by two (2) physicians, that the Proposed Patient and all other responsible parties be given a notice of the time and place of the such hearing, and direct the Proposed Patient to submit to examination for mental illness; that an attorney ad litem be appointed; and, at such hearing this Court find the Proposed Patient requires court-ordered outpatient mental health services and enter such other orders as may be necessary pursuant to the Texas Mental Health Code and the laws of the State of Texas

Respectfully submitted on this _____ day of _____, 2024.

 APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20____.

NOTARY PUBLIC In and For the State of Texas

My Commission Expires: _____

Filed this _____ day of _____, 20____ at _____ AM / PM

_____, **County Clerk**

By: _____
 Deputy

NO. _____

IN TH STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

IN THE PROBATE COURT

OF _____ COUNTY,

(INITIALS ONLY)

TEXAS

D.O.B. _____

UNSWORN DECLARATION

I, the undersigned, do hereby certify, to wit pursuant to the Texas Civil Practice and Remedy Code,

Section 132.001:

“My name is _____, and I am an employee of the following governmental agency: _____. I am executing this declaration as part of my assigned duties and responsibilities. I declare under penalty of perjury that the foregoing Application for Temporary Court-Ordered Outpatient Mental Health Services is true and correct.

Executed in _____ County, State of Texas, on the _____ day of _____, _____.

Name (Printed)

Signature

No. _____

THE STATE OF TEXAS
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OF _____ COUNTY, TEXAS

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RECOMMENDATION FOR TREATMENT

COMES NOW, _____, on behalf of _____, the duly sworn single portal authority for _____, Texas, and, pursuant to §574.012, Health & Safety Code, makes the following recommendation for the most appropriate treatment of the Proposed Patient:

_____ Court ordered in-patient mental health services through _____, _____, _____ County, Texas for a period not to exceed ninety (90) days.

_____ Court ordered in-patient mental health services through _____, _____ County, Texas for a period not to exceed ninety (90) days.

_____ Court ordered out-patient mental health services for a period not to exceed forty five(45)/ ninety (90) days through _____ for referral to _____, _____, _____ County, Texas for partial hospitalization services, with a provision for in-patient hospitalization in the event that the Proposed Patient fails to comply with the court's order, or the patient's condition deteriorates to the extent that out-patient services are no longer appropriate.

_____ Court ordered out-patient mental health services for a period not to exceed ninety (90) days through _____, ASSISTED OUTPATIENT TREATMENT PROGRAM (AOT) for referral to _____, _____, _____ County, Texas, with a provision for in-patient hospitalization in the event that the Proposed Patient fails to comply with the court's order, or the patient's condition deteriorates to the extent that out-patient services are no longer appropriate.

_____ Court ordered out-patient mental health services through _____ for referral to _____, _____, _____ County, Texas, for partial hospitalization services.

_____ Court ordered out-patient mental health services through _____ for referral to _____, _____, _____ County, Texas, for out-patient services.

_____ Court ordered modification to in-patient mental health services for a period not to exceed ninety (90) days through _____ for the balance of the period of the commitment.

_____ Court ordered modification to out-patient mental health services for a period not to exceed ninety (90) days through _____ for the balance of the period of the commitment.

_____ Remain in the community without restrictions.

_____ Other:

Signed on this: _____ Day of _____, 20____

Ph: _____
Email: _____

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STATEMENT REGARDING AVAILABILITY OF SERVICES

I, _____, an employee of _____, the single portal authority of _____ County,
files this statement regarding availability of services pursuant to Sec. 574.012(d), Health & Safety Code.

Outpatient mental health services are available to the Proposed Patient:

_____ Through _____ because the Proposed Patient is a
member of a priority population identified for those mental health services defined in the
Texas Department of State Health Services' long-range plan and sufficient resources to
provide the necessary services are available.

_____ Through _____, mental
health services provider, which will provide the necessary services available.

Respectfully submitted on _____, 20____

Ph: _____
Email: _____