



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.)

Certificate of Notice
Motion to Modify Court-Ordered Inpatient Services to Outpatient Services

I certify that on _____ (date) I gave a copy of the Motion to Modify Court-Ordered Inpatient Services to Outpatient Services to the Patient.

The Patient:

(Check one.)

- requests a hearing
- does not** request a hearing.

Your Signature

Date

Patient Signature

Witness Signature