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

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

**§**

**BEST INTEREST AND PROTECTION §**

**§**

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

**NOTICE OF HEARING ON APPLICATION FOR ORDER TO AUTHORIZE**

**ADMINISTRATION OF PSYCHOACTIVE MEDICATION**

**TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Proposed Patient**

You are hereby notified that, pursuant to a Physician’s Application for Order to Administer Psychoactive Medication, a copy of which is attached to this Notice, a HEARING will be held in the Probate Court of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas, to determine whether or not you lack the capacity to make a decision regarding the administration of psychoactive medication and whether treatment with the proposed medication, as described in the Application, is in your best interest. You are required to arrive 1 hour prior to the start time of the hearing.

The hearing will be held at the following time and place:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An attorney has been appointed to represent you during this hearing for your best interest and protection. If you desire, you may hire an attorney of your own choosing to represent you. You may consult with your attorney concerning the Application and your rights in this case.

The Appointed Attorney’s Information is as follows:

Attorney Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have the right to be present at the Hearing, but your presence may be waived by you or your attorney. The Hearing on the Petition may be held on the date of the Hearing on the Application for Court-Ordered Temporary Mental Health Services unless you and your attorney disagree in writing to have the Hearing on that date.

**ISSUED** on this the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

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

County Clerk

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas