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

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

**§**

**BEST INTEREST AND PROTECTION §**

**§**

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

**NOTIFICATION TO COURT OF PATIENT’S RESPONSE TO ATTORNEY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having been appointed as attorney for the above-referenced Patient, state that I interviewed, this date, and that after discussion with, and explanation to, the Patient of the circumstances of the case, and the Patient’s legal rights and options, the Patient:

Desires to not resist the Application and for an agreed Order to be entered, without the need for a hearing.

Requests Medication Hearing before the Court.

Waives the right to be present at said Hearing.

Could not/would not communicate with me so as to ascertain true desire; consequently, is unable or unwilling to participate with counsel. With the Court’s approval, its findings should be based on the Certificates of Medical Examination; and if required, upon other competent testimony; provided that when and if the patient becomes able and willing to contest the issues, that the patient or any individual on the patient’s behalf may request the Court to determine if the ORDER should be set aside or modified.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Attorney Name

Attorney for Patient

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

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

**§**

**BEST INTEREST AND PROTECTION §**

**§**

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

**WAIVER OF RIGHT TO BE PRESENT AT HEARING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby state that I do not desire to be present at the HEARING REGARDING PSYCHOACTIVE MEDICATION on the Application for Order to Authorize Psychoactive Medication filed with the County Clerk of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

I do hereby authorize said hearing officer to make the finding upon the basis of Certificates of Medical Examination for Mental Illness on file with said Court and to expedite the case to hearing at the earliest possible date.

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

Patient’s Name

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

Attorney for Patient

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

GRANTED DENIED

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

Presiding/Associate Judge

Probate Court

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