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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**MOTION TO HAVE PATIENT EXAMINED**

 Now comes the undersigned Assistant District/County Attorney of \_\_\_\_\_\_\_\_\_ County, Texas, in the above styled and numbered cause and requests the Court to appoint a physician to examine the Proposed Patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for a Court-Ordered Mental Health Services Hearing.

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

 RESPECTFULLY SUBMITTED,

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

 ASSISTANT DISTRICT/COUNTY ATTORNEY

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS

**APPROVED/DENIED MOTION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JUDGE, \_\_\_\_\_\_\_\_\_\_\_\_ COURT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**

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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**ORDER TO SUBMIT**

 **WHEREAS** an Application for Court-Ordered Mental Health Services for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereafter called “Proposed Patient”, is pending in the above-referenced Court and WHEREAS there has not been filed the necessary Certificates of Medical Examination for Mental Illness by a physician who has examined the Proposed Patient within the preceding thirty (30) days, and WHEREAS two (2) Certificates are required to be filed with the Court before a Temporary Commitment Hearing may be held on the Application;

 **NOW THEREFORE**, under penalty of having a warrant issue under which a Peace Officer shall take said Proposed Patient into custody for the purpose of the examination, it is hereby **ORDERED** that the Proposed Patient submit to an examination for mental illness by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a physician. It is further **ORDERED** that upon completion of the examination, said physician report findings and opinions by filing with this Court a Certificate of Medical Examination for Mental Illness concerning the Proposed Patient.

 **SIGNED AND ORDERED** on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

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

 JUDGE, \_\_\_\_\_\_\_\_\_\_\_ COURT

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS