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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**NOTICE OF HEARING FOR EXTENDED MENTAL HEALTH SERVICES**

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

You are hereby notified, pursuant to an Application for Court-Ordered Extended Mental Health Services and Certificates of Medical Examination for Mental Illness, that on [DATE], at [TIME], a hearing will be held on the attached Application to determine whether or not you are a person with mental illness and meet the criteria for Court-Ordered Extended Mental Health Services for a period of time not to exceed twelve (12) months. You have the right to be present at the Hearing, but your presence may be waived by you or your attorney and said hearing will be before the Court once a Jury Trial is waived.

An Attorney, [ATTORNEY NAME], whose phone number is, [NUMBER], 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 an attorney regarding your rights in this case.

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

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

**MENTAL HEALTH COURT COORDINATOR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COURT,**

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