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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**ORDER FOR TEMPORARY**

**OUTPATIENT MENTAL HEALTH SERVICES**

 On this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_, came on to be heard an Application for Court-Ordered Temporary Outpatient Mental Health Services in the above-styled cause, alleging that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter called “Patient,” is a person with mental illness and meets the criteria for court-ordered mental health services; and no jury having been requested, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the attorney representing the Patient, announced ready, and all matters of fact and law were submitted to the Court, and the Court finds as follows:

 That all necessary notices and copies of the Application have been served as required by law, that, if applicable, there has been filed with the Court a recommendation for the most appropriate treatment alternative for the Patient, that all of the terms and provisions of the Texas Health and Safety Code have been complied with, and that appropriate mental health services are available to the patient.

 That after considering all the evidence, the recommendation for the most appropriate treatment alternative, if any, and the expert, competent medical or psychiatric testimony, it appears to the Court that the allegations of the Application are true and correct and are supported by clear and convincing evidence that:

 [ ]  the Patient is a person with a severe and persistent mental illness;

 [ ]  as a result of the mental illness, the Patient will, if not treated, experience deterioration of the ability to function independently to the extent that the Patient will be unable to live safely in the community without court-ordered outpatient mental health services.

 [ ]  outpatient mental health services are needed to prevent a relapse that would likely result in serious harm to the Patient or others; and

 [ ]  the Patient has an inability to participate in outpatient treatment services effectively and voluntarily, demonstrated by:

1. Any of the Patient’s actions occurring within the two-year period that immediately precedes the hearing; or
2. Specific characteristics of the Patient’s clinical condition that significantly impair the Patient’s ability to make a rational and informed decision whether to submit to voluntary outpatient treatment.

It is therefore determined that the Patient is a person with mental illness and meets the criteria for, and requires, court-ordered temporary outpatient mental health services and that the same shall be ordered in the least restrictive appropriate setting available. Accordingly, it is ORDERED that the Patient be, and is hereby, required to participate in outpatient mental health services with the following treatment facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ not to exceed 45 days, or a period not to exceed \_\_\_\_\_\_\_\_\_ days. It is further ORDERED that the individual to be responsible for those services is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the head of such facility, or his authorized, qualified designee, who is to submit to the Court within two weeks of the entering of this Order a general program of treatment for the Patient, to be incorporated in this Order. It is also ORDERED that the above individual responsible, or their designees, promptly inform the Court if the Patient fails to comply with the terns of this Order or the general program of treatment, or if the Patient’s condition has so deteriorated that outpatient mental health services are no longer appropriate, or of any other substantial changes in the general program of treatment which may occur prior to the expiration of this Order.

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

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

 PRESIDING JUDGE

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

ATTORNEY FOR PATIENT

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PATIENT