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

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

§

BEST INTEREST AND PROTECTION §

§

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

**MOTION TO MODIFY COURT-ORDERED INPATIENT MENTAL HEALTH SERVICES TO OUTPATIENT MENTAL HEALTH SERVICES**

**TO THE HONORABLE JUDGE OF SAID COURT:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Movant herein am a Mental Health Administrator at name of facility, and the Individual Responsible for the Court-Ordered Inpatient Mental Health Services of the patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Movant respectfully shows the Court that whereas by Order issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the above entitled related and numbered cause, was ordered to participate in Involuntary Inpatient Temporary / Extended Mental Health Services at name of facility, for a period of time not to exceed ninety (90) days / twelve (12) months in accordance with the Order. Movant will further show that a substantial change has occurred in the needs and condition of the patient prior to the expiration of the Order such that the patient now requires a less restrictive environment. The detailed basis of my opinion is as follows:

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

Movant respectfully requests that the Court:

\_\_\_\_\_ Modify the Order for Inpatient Mental Health Services,

**AND/OR**

\_\_\_\_\_ Provide for a Court-Ordered examination if the patient refuses to submit to a voluntary examination,

\_\_\_\_\_ Provide for the commitment of the patient to (local LMHA or LBHA) to receive Court-Ordered Outpatient Mental Health Services for the remainder of the original court order.

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

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

**MOVANT**

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

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

§

BEST INTEREST AND PROTECTION §

§

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

**CERTIFICATE OF SERVICE**

**Notification of Request to Modify Court-Ordered Inpatient Services to Court-Ordered Outpatient Services**

I certify that on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, served a copy of the Motion to Modify the Order for Temporary / Extended Inpatient Mental Health Services to become an Order for Temporary / Extended Outpatient Mental Health Services, by personal service to the Patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The patient is \_\_\_\_\_\_\_\_ requesting a Hearing / \_\_\_\_\_\_\_ **not** requesting a Hearing

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

**Patient Signature Date**

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

**Witness Signature**