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| **Cause No. \_\_\_\_\_\_\_\_** |
| **The State of Texas for the**  | **§****§****§** | **In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court** |
| **Best Interest and Protection of** | **§** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(List the initials of the person you want to protect.) | **§****§****§****§** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Texas** |

**Motion for Protective Custody**

**(Sec. 574.021, Texas Health and Safety Code)**

(To be completed by a county or district attorney.)

1. An application for court-ordered mental health services (“Application”) was filed in the Court and is still pending.
2. A Certificate of Medical Examination for Mental Illness (“Certificate”) is attached to this Motion. The Certificate was prepared by a physician (“Certifying Physician”) who examined \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Proposed Patient”) within the three days before this Motion’s filing.
3. The person filing this motion (“Movant”) has reason to believe and does believe that: (1) the Certifying Physician stated their opinion that the Proposed Patient is a person with mental illness and gave the detailed basis for that opinion; and (2) the Proposed Patient presents a substantial risk of serious harm to themselves or others if not immediately restrained pending a hearing.
4. Movant’s belief is derived from:

(Check all that apply.)

🞏 the representation of a credible person;

🞏 the Proposed Patient’s conduct;

🞏 the circumstances under which the Proposed Patient is found.

1. Movant asks the Court to determine—based on the information in the Application, this Motion, and the Certificate—that (1) the Certifying Physician stated their opinion that the Proposed Patient is a person with mental illness and gave the detailed basis for that opinion; and (2) the Proposed Patient presents a substantial risk of serious harm to themselves or others if not immediately restrained pending a hearing. However, Movant conditionally requests to present additional evidence if the Court decides that a fair determination cannot be made from the Application, Motion, and Certificate alone.
2. Movant asks the Court to issue an Order of Protective Custody, ordering that a peace officer or other designated person:

(Check one.)

🞏 take the Proposed Patient into protective custody and immediately transport the Proposed Patient to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Facility”).

🞏 maintain protective custody of the Proposed Patient at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Facility”).

7. Movant also asks the Court to order that the Proposed Patient be detained in the Facility until a probable cause hearing or a hearing on court-ordered mental health services, whichever is first.

Respectfully Submitted,

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

County/District Attorney Name and Contact Information

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

County/District Attorney Signature

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

Date