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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**ORDER FOR TEMPORARY INPATIENT MENTAL HEALTH SERVICES**

**UPON TRIAL BEFORE THE COURT**

 On this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_ came to this Court to be heard an Application for Court-Ordered Mental Health Services in the above-styled cause, alleging that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herein called “Patient”, is a person with mental illness and meets the criteria for court-ordered extended mental health services; and trial by jury having been properly waived, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 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, and that all of the terms and provisions of the Texas Health and Safety Code have been complied with.

 Then 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 mental illness, and as a result of that mental illness:

 [ ]  Is likely to cause serious harm to self;

 [ ]  is likely to cause serious harm to others; or

 [ ]  is suffering severe abnormal mental, emotional or physical distress; is experiencing substantial mental or physical deterioration of their ability to function independently, which is exhibited by the proposed patient’s inability, except for reasons of indigence, to provide for their basic needs, including food, clothing, health, or safety, and is unable to make a rational and informed decision as to whether or not to submit to treatment.

 It is therefore determined that the Patient is a person with mental illness and meets the criteria for, and requires, court-ordered temporary 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 committed to the following mental health facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for inpatient care for 🗆 not longer than forty-five (45) days, or 🗆 a period of time not exceed ninety (90) days, the Court having found that longer period necessary.

 **It is further ordered that the Patient is no longer able to possess a firearm or ammunition under federal law.**

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| **NOTICE TO PATIENT**1. **You are now no longer eligible under Federal Law to possess a firearm or ammunition.**
2. **If you possess a firearm or ammunition, it could lead to federal criminal charges being filed against you.**

**If you have any questions about how long you will be ineligible to possess a firearm or ammunition, you should consult an attorney.** |

 It is further ORDERED that the Clerk of this Court issue a Writ of Commitment in duplicate directed to the Sheriff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas, or other responsible personal having a proper interest in the welfare of the patient, to transport the Patient, commanding them to take charge of the Patient and to transport the Patient to the above designated mental health facility.

 The Director of such mental health facility, upon receiving a copy of the Writ of Commitment and admitting the patient, shall give the person transporting the patient a written statement acknowledging acceptance of the patient and of any personal property belonging to the Patient and shall file a copy of the statement with the Clerk of this Court.

 The Clerk of this Court is further ORDERED to prepare a certified transcript of this proceeding and any available information concerning the medical, social, and economic status history of the Patient and their family and send it to the facility’s personnel in charge of admissions.

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

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

 PRESIDING JUDGE

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

Attorney for Patient

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

Patient