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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** |

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

**Motion to Modify Court-Ordered Inpatient Mental Health Services to**

**Outpatient Mental Health Services**

**(Sec. 574.061, Texas Health and Safety Code)**

1. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. I am a Mental Health Administrator at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (List the name of the facility.)

3. I am the individual responsible for the court-ordered inpatient mental health services of the Patient, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (List the name of the patient.)

4. The Court issued an Order for Inpatient Mental Health Services on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date that ordered the Patient to participate in involuntary inpatient mental health services at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (List the name of the facility.)

5. The Order for Inpatient Mental Health Services provides for:

 (Check one.)

 🞏 temporary inpatient services under Section 574.034 of the Texas Health and Safety Code.

 🞏 extended inpatient services under Section 574.035 of the Texas Health and Safety Code.

6. I believe there has been a substantial change in the needs and condition of the Patient, and the Patient now requires a less restrictive environment. The detailed reasons for my opinion are:

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

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7. I have attached a supporting Certificate of Medical Examination for Mental Illness, showing that the Patient was examined, within the seven days before this Motion’s filing, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (List the name of the certifying physician.)

8. I ask the Court to modify the Order for Inpatient Mental Health Services to require the Patient to participate in outpatient mental health services.

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

Movant (Print your name here.)

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

Movant (Sign your name here.)

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

Date