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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**MOTION TO DISMISS**

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

Now comes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Assistant District/County Attorney, and hereby requests the dismissal of the Application for Mental Health Services in the above styled and numbered cause for the reason that:

 [ ]  Two Certificates of Medical Examination for Mental Illness based on examinations of the proposed patient conducted within the preceding 30 days have not been filed with the Court at the time set for hearing on the Application;

 [ ]  The patient has signed a Request for Voluntary Admission, which is acceptable to the hospital;

 [ ]  The patient was discharged;

 [ ]  Released at Probable Cause

 [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHEREFORE, it is prayed that the above entitled and numbered cause be dismissed.

 Respectfully submitted,

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

 Assistant District/County Attorney

 State Bar No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORDER OF DISMISSAL**

 The foregoing Motion having been presented to me on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the same having been considered, it is, therefore, ORDERED, ADJUDGED AND DECREED that the said above entitled and numbered cause be and the same is hereby dismissed.

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

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

 PRESIDING JUDGE