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

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

 §

BEST INTEREST AND PROTECTION §

 §

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

**NOTIFICATION TO COURT OF PROPOSED PATIENT'S RESPONSE TO ATTORNEY**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, having been appointed as Attorney for the above-referenced Proposed Patient, state that I interviewed **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** this date, and that after discussion with, and explanation to, the Proposed Patient of the circumstances of the case, and the Proposed Patient's legal rights and options, the Proposed Patient:

🗆 desires to not resist the Application and for an agreed Order to be entered, without

 the need for a Temporary Hearing on the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

🗆 requests Temporary Hearing before the Court on the **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

🗆 waives the right to a Probable Cause Hearing.

🗆 waives the right to be present at a Temporary Hearing.

🗆 waives the right to cross-examine witnesses.

🗆 could not/would not communicate with me so as to ascertain true desire; consequently, is unable or unwilling to participate with counsel. With the Court's approval, its findings should be based on the Certificate(s) of Medical Examination; and if required, upon other competent testimony; provided that when and if the patient becomes able and willing to contest the issues, that the patient or any individual on the patient's behalf may request the Court to determine if the ORDR should be set aside or modified.

🗆 has been recommended for outpatient treatment.

🗆 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

 **Attorney for Proposed Patient**

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

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

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**WAIVER OF PROBABLE CAUSE HEARING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,* the Proposed Patient in the above styled and numbered cause, having been advised of my right to be present for a Hearing to determine if probable cause exists for me to be detained pursuant to an ORDER OF PROTECTIVE CUSTODY issued in this cause and to contest the same, do hereby agree to abide by such Order for Protective Custody. It is expressly understood that this is not to be considered as an admission of mental illness or dangerousness to myself or others, and further that I reserve all rights to present any defenses available at the time of a hearing on the merits. I expressly waive my right to appear and present evidence at the Probable Cause Hearing to challenge the allegation that I present a substantial risk of serious harm to myself or others

 DATED this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

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

 **Patient’s name**

 **Proposed Patient**

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

 Guardian (if applicable)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the attorney for the Proposed Patient in the above styled and numbered cause, have advised said Proposed Patient of the right to a Hearing to determine if probable cause exists for said Proposed Patient to be detained pursuant to an Order of Protective Custody. In my judgment the best interest of said Proposed Patient would be served by such detention and I do hereby waive my client's right to appear and present evidence.

 DATED this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_.

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

 **Attorney’s name**

 **Attorney for Proposed Patient**

I, the undersigned attorney, acknowledge receipt of a NOTICE OF PROBABLE CAUSE HEARING issued in the above styled and numbered cause. I hereby waive my right to service of said NOTICE.

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

 **Attorney’s name**

 **Attorney for Proposed Patient**

APPROVAL

On this day came on to be considered the above WAIVER, and the same having been examined by, and it appearing to the Court that said WAIVER is satisfactory and is supported by the evidence, the same is hereby APPROVED.

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

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

 **PRESIDING JUDGE**

 **PROBATE COURT**

 **\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**

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

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

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

**WAIVER OF RIGHT TO CROSS EXAMINE WITNESS AT HEARING ON COURT ORDERED MENTAL HEALTH SERVICES**

We, the undersigned Proposed Patient and Attorney representing said Proposed Patient in the above-referenced cause, hereby waive the right to cross-examine witnesses and file same with the Court. Accordingly, at the Hearing on the Application for Court-Ordered Mental Health Services, the Court may admit into evidence the Certificate of Medical Examination for Mental Illness based on examinations conducted within the preceding 30 days, and, if so admitted, the Certificates shall constitute competent medical or psychiatric testimony and the Court may make its findings on the basis of these Certificates.

SIGNED AND ENTERED THIS \_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

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

Guardian of Proposed Patient **Patient’s name**

(If applicable) **Proposed Patient**

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

**Attorney’s name**

**Attorney for Proposed Patient**

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

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

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**WAIVER OF RIGHT TO BE PRESENT AT TEMPORARY HEARING**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** do hereby state that I do not desire to be present at the TEMPORARY HEARING on the Application for Court-Ordered Mental Health Services filed with the District/County Clerk of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County.

I do hereby authorize said hearing officer to make the finding upon the basis of the Certificate(s) of Medical Examination for Mental Illness on file with said Court and to expedite the case to hearing at the earliest possible date.

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

**Patient’s name**

Proposed Patient

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

**Attorney’s name**

Attorney for Proposed Patient

 DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 GRANTED DENIED

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

 **PRESIDING JUDGE**

**PROBATE COURT**

 **\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**