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

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

§

BEST INTEREST AND PROTECTION §

§

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

**WAIVER OF RIGHT TO APPEAR AT PROBABLE CAUSE HEARING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Attorney for the proposed patient in the above entitled and numbered cause, in the interest of and on behalf of the proposed patient, hereby waive the right of the proposed patient to attend the probable cause hearing and to put on evidence to challenge the allegation pursuant to Texas Health and Safety Code § 574.025. In this regard I have visited with the patient, communicated with members of the treatment staff, and reviewed the evidence.

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

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

Attorney for Proposed Patient