

CAUSE NO. _____

THE STATE OF TEXAS § IN THE PROBATE COURT
For the Best Interest and Protection of § OF
_____ § HAYS COUNTY, TEXAS
A MENTALLY ILL PERSON

GENERAL INFORMATION PURSUANT TO APPLICATION FOR COURT-ORDERED MENTAL HEALTH SERVICES

- 1. Please provide the full name and contact information of the Applicant requesting Court-Ordered Mental Health Services.

NAME:
ADDRESS:
PHONE:
CELL:
EMAIL:
ALTERNATE EMAIL:

- 2. Please provide the full name, contact information, and personal information regarding the Proposed Patient if known.

NAME:
ADDRESS:
COUNTY:
PHONE:
CELL:
EMAIL:
ALTERNATE EMAIL:
AGE:
DATE OF BIRTH:
SEX:
RACE (circle one): Caucasian Black Hispanic Asian Other: _____

- 3. Please describe your relationship to the Proposed Patient?

- 4. Is the proposed patient currently hospitalized? ____ YES ____ NO

- 5. If the proposed patient is currently hospitalized, please list the hospital and unit.

6. If the proposed patient is a minor or the subject of a guardianship, please provide the names, address, and contact information for the parent(s), managing conservator, or guardian.

7. Person(s) or estate, and their address(es), responsible for costs and expenses:

NAME:
ADDRESS:
COUNTY:
PHONE:
CELL:
EMAIL:
ALTERNATE EMAIL:

8. Current Physician or Psychiatrist Treating the Patient:

NAME:
HOSPITAL/WORK ADDRESS:
PHONE:
CELL:
EMAIL:
ALTERNATE EMAIL:

9. Please describe any prior psychiatric history, including issues with chemical dependency history, hospitalization, forced administration of medication, and known criminal offenses.

10. Does the proposed patient have any current pending criminal charges?

_____ YES _____ NO

If you checked YES to question number 10, what is the current charge and what county is the charge pending?

Please proceed to answer questions 11-13 if the Proposed Patient is currently hospitalized or detained in a mental health facility.

11. How did the Proposed Patient enter the hospital?

- Emergency Detention from Responding Police Officer
- Emergency Detention from a Treating Physician (attach any Application for Emergency Detention completed by a Physician)
- Emergency without a Warrant (attach any documents provided by Mental Health Unit)
- Voluntary Admission- Proposed Patient Submitted Written Request for Release (attach copy of request for release)
- Voluntary Admission- Proposed Patient Absent without Authorization (attach letter from treating physician)
- Voluntary Admission- Proposed Patient Unable to Consent to Treatment (attach letter from treating physician)
- Voluntary Admission- Proposed Patient Refuses to Consent to Treatment (attach letter from treating physician)

12. If the Proposed Patient was the subject of an Application for Emergency Detention, please detail the date, time, and circumstances leading to the Emergency Detention.

13. Please list all witnesses with any available contact information to the circumstances leading up to the Emergency Detention or who might have been present at the time the Proposed Patient was detained.

Please proceed to answer questions 14 -17 if the Proposed Patient is currently hospitalized as a result of a previous court-ordered mental health services.

14. If the Proposed Patient is currently hospitalized as a result of a previous request for court-ordered mental health services, what hospital or facility is the Proposed Patient currently receiving treatment?

15. What county(ies) previously ordered the Proposed Patient to receive court-ordered mental health services?

16. When did the court previously order mental health services?

17. Current Physician or Psychiatrist Treating the Patient:

NAME:
HOSPITAL/WORK ADDRESS:
PHONE:
CELL:
EMAIL:
ALTERNATE EMAIL:

18. What mental health facility or chemical dependency treatment facility is proposed patient going to? PLEASE NOTE: If requesting a Proposed Patient enter a private facility, please attach a letter of confirmation or contact information for the hospital admission worker who can verify Proposed Patient's admission.

19. Has private transportation been arranged by the Applicant or the admitting hospital? If so, please list the person or agency who is to transport Proposed Patient?

Signed and dated this ____ day of _____, 201__.

Applicant