

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

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

**NOTICE OF HEARING ON COURT-ORDERED  
TEMPORARY MENTAL HEALTH SERVICES AND OF  
PROBABLE CAUSE HEARING ON PROTECTIVE CUSTODY**

TO: \_\_\_\_\_

You are hereby notified, pursuant to an Application for Court-Ordered Temporary Mental Health Services, a copy of which is attached to the Notice, a HEARING will be held on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ .m., in Room 2292 of the Hays County Government Center, 712 S. Stagecoach Trail in San Marcos, Hays County, Texas to determine whether or not you are mentally ill and meet the criteria for court-ordered mental health services for a period not to exceed 90 days. The hearing will be before the court unless a trial by jury is requested by you or your attorney. You have the right to be present, but your presence may be waived by you or your attorney.

You are advised that \_\_\_\_\_, Attorney at Law, whose address is \_\_\_\_\_, and whose phone number is \_\_\_\_\_ has been appointed to represent you; however, you may obtain your own counsel at your own expense. You may consult with your attorney concerning the application and your rights in this case.

You are further notified that you are being detained pursuant to an Order of Protective Custody, you have been placed in protective custody for the reasons expressed in a Certificate of Medical Examination for Mental Illness and a Motion for an Order of Protective Custody, copies of which are likewise attached to this Notice; and in which event, you are further notified that unless waived, you and your attorney are entitled to appear and present evidence to challenge the allegation that you present a substantial risk of serious harm to yourself and/or others such that you cannot be at liberty pending the hearing on court-ordered mental health services and to establish that a physician has stated his/her opinion and the detailed basis for his opinion that you are mentally ill, at the PROBABLE CAUSE HEARING to be held on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ .m., in Room 2292 of the Hays County Government Center, 712 S. Stagecoach Trail in San Marcos, Hays County, Texas.

ISSUED this the \_\_\_\_\_ day of \_\_\_\_\_.

Elaine H. Cárdenas, County Clerk  
Hays County, Texas  
By: \_\_\_\_\_

CLERK'S RETURN FOR MAILING COPY OF APPLICATION  
AND NOTICE OF HEARING

On this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_.m., a true and correct copy of this Notice and the Application was sent by certified mail to:

\_\_\_\_\_  
\_\_\_\_\_  
The parent, guardian or managing Conservator, as the case may be, of the proposed patient.

To Certify which witness by hand officially.

\_\_\_\_\_  
\_\_\_\_\_  
By: \_\_\_\_\_, Deputy

Constable's/Sheriff's Return \_\_\_\_\_

Came to hand on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_.m. and executed in \_\_\_\_\_ County, Texas delivering to the within named \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_.m., with a true and correct copy of the petition thereon attached.

The distance actually traveled by me in serving this notice was \_\_\_\_\_ miles and my fees are as follows:

For serving this notice	\$ _____
For mileage	\$ _____
Total fees	\$ _____

To certify which, witness my hand officially.

\_\_\_\_\_  
By: \_\_\_\_\_ Deputy