

Instructions:

- Document 1: **MOTION FOR AN ORDER OF PROTECTIVE CUSTODY:**
 - **Please fill in the box with the following information. If you hold the cursor over the fill box a note for what to type will appear:**
 - Initials
 - Name of patient
 - This document must be taken to the Hays County District Attorney's office, 2nd floor front desk along with the following:
 - A **sworn** *Physician's Certificate of Mental Illness* demonstrating that the substantial risk of serious harm exists;
 - An *Application for Court Ordered Mental Health Services; and*
 - A *General Information Sheet*.
 - The above information will be given to an Assistant District Attorney prosecutor who will complete the Motion and sign their name.
 - The above documents will be returned to you.
 - You must then walk to the County Clerk's office, across the hall, and present all the documents for filing.
 - After confirmation that payment has been made, you will be given a cause number.
 - **You will need to obtain a file stamped copy of the Order of Protective Custody application and associated documents, to present to the court.**
- You will then take the above documents, with their file stamp and cause number, along with the documents listed below, to the County Court Judge's office.

- **Documents 2-5 are presented to the County Court.** Once the court signs the documentation, the newly signed documents will then need to be filed with the County Clerk.
- **Documents 2-5 will need the cause number assigned by the county clerk added to the top and taken to the County Court at law judges' offices on the 2nd floor.**
 - **Document 2: Order of Protective Custody:**
 - **If you hold the cursor over the fill box a note for what to type will appear:**
 - Date
 - Name of Patient
 - Current Facility
 - Facility to Transfer
 - **Document 3: Order Appointing Attorney For Inspection Setting Hearings and For Notice:**
 - **If you hold the cursor over the fill box a note for what to type will appear:**
 - Initials
 - Date
 - Full Name of Patient
 - *Court Fills In Remainder*
 - **Document 4: Notice of Hearing on Court-Ordered Temporary Mental Health Services and of Probable Cause Hearings on Protective Custody:**
 - **If you hold the cursor over the fill box a note for what to type will appear:**
 - Initials
 - Patient Name and Full Address
 - *Court Fills In Remainder*

- **Document 5: Order Denying Motion For Order of Protective Custody**
 - **If you hold the cursor over the fill box a note for what to type will appear:**
 - Initials
 - Date
 - Name of Patient