

CAUSE NO. _____

THE STATE OF TEXAS
For the Best Interest and Protection of

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IN THE COUNTY COURT

HAYS COUNTY, TEXAS

The Proposed Patient

MENTAL HEALTH WARRANT FOR PSYCHIATRIC EXAMINATION PURSUANT TO TEX. HEALTH AND SAFETY CODE § 574.009.

THE STATE OF TEXAS: TO ANY HEALTH OR PEACE OFFICER IN THE STATE OF TEXAS,
GREETING:

You are hereby commanded to apprehend, the person of

Name: _____

Date of Birth: _____

SSN: _____xxx-xx-_____

whose last known address is:

and transport her to _____ **OR FIRST BED AVAILABLE** for immediate psychiatric evaluation for the purpose of a court-ordered psychiatric examination ordered by the Court on _____, 20__.

Upon execution of this Mental Health Warrant for Psychiatric Examination Pursuant to Tex. Health and Safety Code § 574.009, call the Hays County District Attorney's Office at (512) 393-7600.

HEREIN FAIL NOT, but of this Writ then and there make due return, showing how you have executed the same.

Given under my hand this ____ day of _____, 20__.

PRESIDING JUDGE

OFFICER'S RETURN

RECEIVED the ____ day of _____, 20__ and executed by apprehending the person _____, and transporting her to _____, for the purpose of a court-ordered psychiatric examination.

DATE EXECUTED _____ BY _____.

TIME _____ A.M./P.M.