



Cause No. \_\_\_\_\_

**The State of Texas for the** § **In the \_\_\_\_\_ Court**  
 §  
 §  
**Best Interest and Protection of** §  
 §  
 \_\_\_\_\_ §  
 \_\_\_\_\_ **County, Texas**  
 §  
 (List the initials of the person you want to §  
 protect.) §

(Fill in the blanks above. Copy the information listed at the top of the Order for Inpatient Mental Health Services.)

**Motion to Modify Court-Ordered Inpatient Mental Health Services to  
 Outpatient Mental Health Services**  
**(Sec. 574.061, Texas Health and Safety Code)**

1. My name is \_\_\_\_\_.
2. I am a Mental Health Administrator at \_\_\_\_\_.  
 (List the name of the facility.)
3. I am the individual responsible for the court-ordered inpatient mental health services of the Patient,  
 \_\_\_\_\_.  
 (List the name of the patient.)
4. The Court issued an Order for Inpatient Mental Health Services on \_\_\_\_\_ date that ordered the Patient to participate in involuntary inpatient mental health services at \_\_\_\_\_.  
 (List the name of the facility.)
5. The Order for Inpatient Mental Health Services provides for:  
 (Check one.)  
 temporary inpatient services under Section 574.034 of the Texas Health and Safety Code.  
 extended inpatient services under Section 574.035 of the Texas Health and Safety Code.
6. I believe there has been a substantial change in the needs and condition of the Patient, and the Patient now requires a less restrictive environment. The detailed reasons for my opinion are:  
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7. I have attached a supporting Certificate of Medical Examination for Mental Illness, showing that the Patient was examined, within the seven days before this Motion’s filing, by

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(List the name of the certifying physician.)

8. I ask the Court to modify the Order for Inpatient Mental Health Services to require the Patient to participate in outpatient mental health services.

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Movant (Print your name here.)

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Movant (Sign your name here.)

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Date