

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

THE STATE OF TEXAS § IN THE \_\_\_\_\_ COURT OF  
FOR THE BEST INTEREST §  
AND PROTECTION OF §

\_\_\_\_\_, (Initials Only) §  
THE PROPOSED PATIENT § \_\_\_\_\_ COUNTY, TEXAS

APPLICATION FOR COURT-ORDERED  
TEMPORARY **OUTPATIENT** MENTAL HEALTH SERVICES  
(**ASSISTED OUTPATIENT TREATMENT PROGRAM**)

NOW COMES, \_\_\_\_\_ an adult person, hereafter called "**Applicant**", who, after being duly sworn, presents this Application for Court-Ordered Temporary Outpatient Mental Health Services, and in support thereof, under oath, would state to the Court, upon information and belief, the following:

That, \_\_\_\_\_ hereafter called "**Proposed Patient**", is a resident of \_\_\_\_\_ County, Texas, having his/her street address at \_\_\_\_\_

\_\_\_\_\_  
(City) (County) (State) (Zip Code)  
where the Proposed Patient resides or can be found.

That the Proposed Patient is mentally ill and meets the criteria as set out in TEX. HEALTH & SAFETY CODE ANN. § 574.034b (Vernon 1992) for Court-Ordered Temporary Outpatient Mental Health Services.

That the Proposed Patient is \_\_\_\_\_ or is not \_\_\_\_\_, charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person.

Applicant would further show the Court that Applicant has been informed that for the costs and attendant expenses actually paid, the County is entitled to reimbursement by the Proposed Patient or any person or estate liable for his/her support; and that neither the County nor the State shall pay any costs for the patient committed to a private mental hospital.

WHEREFORE, Applicant prays that upon final hearing, treatment be authorized for the Proposed Patient for a period not to exceed 90 days, and that the Proposed Patient be court ordered to participate in outpatient mental health services, under the provisions of the TEX. HEALTH & SAFETY CODE ANN. and the laws of the State of Texas.

\_\_\_\_\_  
"My name is \_\_\_\_\_; my date of birth is \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_;  
(First) (Middle) (Last) (mo) (day) (year)

and my address is \_\_\_\_\_  
(Street) (City) (State) (Zip code)

and \_\_\_\_\_. I declare under penalty of perjury that the foregoing is true and correct.  
(Country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_."

\_\_\_\_\_  
SIGNATURE OF APPLICANT