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

**THE STATE OF TEXAS FOR THE § IN THE \_\_\_\_\_\_\_\_\_ COURT OF**

 **§**

**BEST INTEREST AND PROTECTION §**

 **§**

**OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (initials only) § \_\_\_\_\_\_\_\_\_ COUNTY, TEXAS**

**ORDER AUTHORIZING THE ADMINISTRATION OF PSYCHOACTIVE MEDICATION-FORENSIC**

On the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_\_, came to be heard an Application for Order to Administer Psychoactive Medication-Forensic (“Application”), in the above styled cause, alleging that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“Patient”) is subject to an Order from a criminal court, dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for court-ordered inpatient mental health services, Attorney Name, the attorney representing the Patient, announced ready, and all matters of fact and law were submitted to the Court, and the Court finds as follows:

That all necessary notices and copies of the Application have been served, as required by law, and that all of the terms and provisions of the Texas Mental Health Code have been complied with;

That on file with the Court in this cause is an Application submitted by the Patient’s physician who has examined the Patient and that the Physician therein states their opinion and their detailed basis that the Patient is in need of psychoactive medication but lacks the capacity to make a decision regarding administration of said medication and it is in the Patient’s best interest to have psychoactive medication. Alternatively, if the Court finds that Patient has the capacity to make a decision regarding the administration of psychoactive medication that the physician believes that the Patient, unless medicated, presents a danger to self or others in the mental health facility in which Patient is being treated, as set forth in Texas Health and Safety Code § 574.1065, and treatment with the proposed medications is in the best interest of Patient; and

That after considering all of the evidence, including the Application and the expert, competent medical or psychiatric testimony, it appears to the Court that the allegations of the Application are true and correct and are supported by clear and convincing evidence.

[ ]  It is therefore ordered that the Patient lacks the capacity to make a decision regarding administering of said medication and that treatment with the proposed medication is in the best interest of the Patient and that the same shall be ordered.

*(Consider the following alternative if Patient is determined to have capacity to refuse medication)*

[ ]  The Court finds that the Patient presents a danger to self or others in the in-patient mental health facility and that treatment with the proposed medications is in the best interest of the Patient and that the same shall be ordered.

The Court relied on the following evidence:

Medical records, criminal court records, and testimony by [ ]  Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  or a stipulation to the sworn application

Accordingly, IT IS **ORDERED**, pursuant to Texas Health and Safety Code § 574.106, that the Health and Human Services Commission, the \_\_\_\_\_\_\_\_\_\_ County Sheriff’s Office or the Name of LMHA is authorized to administer to the Patient the following class(es) of psychoactive medication:

[ ]  antidepressants

[ ]  antipsychotics

[ ]  monoamine oxidase inhibitors

[ ]  anxiolytics/sedative/hypnotics

[ ]  substance use treatments

[ ]  mood stabilizers

[ ]  stimulants

[ ]  miscellaneous drugs

[ ]  other

IT IS ALSO **ORDERED** that during the period this Order is valid, the dosage of the herein authorized class(es) of psychoactive medication can be increased or decreased, and restitution of medication authorized but discontinued and the substitution of a medication within the same class(es) are permitted. It is further ordered that, in addition to the administration of such medication, the physician shall perform physical and laboratory examinations necessary to do so safely and in accord with prevailing standards of care.

This Order expires on the date Patient’s court-ordered inpatient mental health services expires or on the date Patient is acquitted, is convicted, or enters a plea of guilty, or the date on which criminal charges in the case are dismissed.

A copy of this Order to the Patient and the patient’s attorney shall serve as written notification of the Court’s determination.

All costs of this proceeding shall be paid by the patient’s county of residence, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Texas.

**Signed** this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRESIDING JUDGE