|  |  |  |
| --- | --- | --- |
| **Cause No. \_\_\_\_\_\_\_\_** | | |
| **The State of Texas for the** | **§**  **§**  **§** | **In the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court** |
| **Best Interest and Protection of** | **§** |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **§**  **§**  **§** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Texas** |

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

**Certificate of Notice**

**Motion to Modify Court-Ordered Inpatient Services to Outpatient Services**

I certify that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) I gave a copy of the Motion to Modify Court-Ordered Inpatient Services to Outpatient Services to the Patient.

The Patient:

(Check one.)

🞏 requests a hearing

🞏 **does not** request a hearing.

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

Your SignatureDate

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

Patient Signature

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

Witness Signature