



Cause No. _____

(The court clerk will fill in this blank when you turn in this Application.)

The State of Texas for the

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In the _____ Court

(The court clerk will fill in this blank when you turn in this Application.)

Best Interest and Protection of

(List the initials of the person you want to protect.)

_____ County, Texas

(The court clerk will fill in this blank when you turn in this application.)

Application for Emergency Detention
(Sec. 573.011, Texas Health and Safety Code)

1. My full name is _____.

2. I am _____ years old.

3. My address is _____.

4. My phone number is _____.

5. My email address is _____.

6. I have reason to believe and do believe that the following person has a mental illness:

_____. This person is called the "Proposed Patient."
(List the person's full name.)

7. I have reason to believe and do believe that the Proposed Patient presents a substantial risk of serious harm to themselves or to others, which I have described in specific detail below:

8. I have reason to believe and do believe that the risk of harm from the Proposed Patient is imminent unless the Proposed Patient is immediately restrained.

9. My beliefs are based on specific recent behavior, acts, attempts, or threats by the Proposed Patient, which I have described in specific detail below:

10. My relationship to the Proposed Patient is: _____.

11. (Check one.)

I am the Proposed Patient's guardian:

No

Yes, and the following Court granted the guardianship: _____

(List the Court's name.)

12. I have attached any other relevant information to this Application.

13. I swear to the truth of everything in this Application, and I know that I can be prosecuted for the crime of lying.

Applicant (Sign your name here.)

Date

You should **not** fill in this portion of the Application. The judge or magistrate will complete it.

This Application was sworn to before me on _____.
(List the date.)

Judge/Magistrate (Print name here.)

Judge/Magistrate (Sign name here.)