

CASE NO. \_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST AND  
PROTECTION OF

§  
§  
§  
§  
§

IN THE JUSTICE COURT  
PRECINCT 1, PLACE 2  
DALLAS COUNTY, TEXAS

PATIENT NAME \_\_\_\_\_

**APPLICATION TO MAGISTRATE  
FOR MENTAL ILLNESS EMERGENCY DETENTION**

NOW COMES \_\_\_\_\_, an adult person, the "Applicant", and presents this application for Emergency Detention and in support thereof respectfully shows to the Court the following:

1. That \_\_\_\_\_, the "Proposed Patient", is a resident of Dallas County or may be found in Dallas County, Texas at \_\_\_\_\_.

*Address*

2. I, the Applicant, have reason to believe and do believe that the Proposed Patient evidence mental illness.

3. I, the Applicant, have reason to believe and do believe that the Proposed Patient evidences a substantial risk of serious harm to himself/herself, which is described as follows:

\_\_\_\_\_

4. I, the Applicant, have reason to believe and do believe that the Proposed Patient evidences a substantial risk of serious harm to others, which is described as follows:

\_\_\_\_\_

5. I, the Applicant, have reason to believe and do believe that the risk of harm is **imminent** unless the proposed patient is immediately restrained.

6. My above-stated beliefs are based on the following specific **recent** behavior, overt acts, attempt or threats which were observed by me (continued on the reverse side of this form)

\_\_\_\_\_

7. My relationship to the Proposed Patient is \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Notary Public / **Justice of the Peace Pct. 1, Place 2**  
Dallas County, Texas

**Please describe in detail recent behavior, overt acts, attempts or threats, which were observe by me:**

**Does this person have? (Please check all that applies)**

Diabetes	High Blood Pressure	Hepatitis	Seizures
Pregnancy	Tuberculosis (TB)	D.T.'s	Other _____

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
**Notary Public / Justice of the Peace Pct. 1, Place 2**  
Dallas County, Texas

**ACKNOWLEDGMENT FOR MENTAL ILLNESS**  
**EMERGENCY DETENTION APPLICATION**

**I, the Applicant, acknowledge the following:**

Section 571.020 of the Texas Health & Safety Code provides:

(a) A person commits an offense if the person intentionally causes, conspires with another to cause, or assists another to cause the unwarranted commitment of a person to a mental health facility.

(b) A person commits an offense if the person knowingly violates a provision of this subtitle.

(c) An individual who commits an offense under this section is subject on conviction to:

- (1) a fine of not less than \$50 or more than \$25,000 for each violation and each day of a continuing violation.
- (2) confinement in jail for not more than two years for each violation and each day of a continuing violation; or
- (3) both fine and confinement.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
**Notary Public / Justice of the Peace Pct. 1, Place 2**  
Dallas County, Texas

**HISTORY OF CURRENT MENTAL ILLNESS**

\_\_\_\_\_  
**Name of Patient**

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Patient's Address**

\_\_\_\_\_  
**Your Address**

\_\_\_\_\_  
**Patient's Sex**

\_\_\_\_\_  
**Patient's Date of Birth**

\_\_\_\_\_  
**Your Relationship to Patient**

\_\_\_\_\_  
**Patient's Weight/Height**

\_\_\_\_\_  
**Your Telephone Numbers, Cell - Home - Work**

\_\_\_\_\_  
**Email Address**

- 1. Does the patient have any criminal charges? \_\_\_\_\_.
- 2. Has the patient ever received psychiatric care before? \_\_\_\_\_.
- 3. Do you as applicant have reason to believe and do believe that the person evidences a substantial risk of serious harm to themselves or others?

If the answer is yes, specify and describe:

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

4. Do you as applicant have reason to believe and do believe that the risk of harm is imminent unless the person is immediately restrained? \_\_\_\_\_

5. Do you as applicant state that your beliefs are based on specific **recent** behavior, overt acts, attempts or threats? \_\_\_\_\_.

If the answer is yes, specify and describe:

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

6. Do you think the patient will be violent when the officers arrive to serve the warrant?

7. Are there any knives or guns in the house? \_\_\_\_\_.

8. Does the patient carry weapons on his/her person? \_\_\_\_\_.

9. Do you have a photo of the patient? \_\_\_\_\_ (clerk make a copy and include with application)

**DATE** \_\_\_\_\_.

\_\_\_\_\_  
Applicant

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Notary Public / **Justice of the Peace Pct. 1, Place 2**  
Dallas County, Texas