

CASE NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST AND
PROTECTION OF

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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. _____ (YES or NO)

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 _____, 2026.

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

Mental Illness - Form 668A (Rev. Feb 1999 by the Civil Section of the District Attorney's Office)

Effective January 1, 2026 fee for Mental Illness Emergency Detention Warrant is \$350.

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 _____, 2026.

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 _____, 2026.

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

Mental Illness - Form 668B (Revised Feb 1999 by the Civil Section of the District Attorney's Office)

Effective January 1, 2026 fee for Mental Illness Emergency Detention Warrant is \$350.

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 _____, 2026.

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