



JUSTICE OF THE PEACE 2-1

MENTAL ILLNESS/CHEMICAL DEPENDENCY WARRANTS

A Mental Illness Warrant (MIW) or Chemical Dependency Warrant (CDW) may be issued in Dallas County when: a person is either mentally ill or chemically dependent and is a danger to themselves; or is a danger to others.

A person applying for a MIW or a CDW is known as the applicant. The applicant may apply for a MIW or a CDW if he/she is 18 years of age or older with first hand knowledge of the person's behavior; the behavior must be specific recent act(s), attempt(s) or threat(s); and the Applicant is willing to sign a notarized statement about the person's behavior.

IMPORTANT: If the proposed patient has a history of violence, immediately inform everyone involved in this process. If the person has a gun, a knife, or another weapon, immediately inform everyone involved in this process.

Based on the application, the Judge or Magistrate will make a legal judgment as to whether or not the situation meets the legal reasons for issuing a MIW or a CDW.

If the MIW or the CDW is issued, the warrant will then be given to either the Constable or the Sheriff. The Constable/Sheriff will pick up the person who is in crisis and take him/her to an appropriate inpatient facility (Psychiatric Emergency Department).

It is very important that the applicant follow the Constable/Sheriff and the person in crisis the facility. You will be given instructions on where you are going.

Bring the following information: Names and dosages of the medications that the person is currently taking; information about past psychiatric treatment; information about drug and alcohol history; and information about medical problems or diseases that the person may have.

APPLY FOR A MENTAL ILLNESS/CHEMICAL DEPENDENCY WARRANT

Monday - Friday from 8:00 a.m. to 4:00 p.m.: You may apply for a MIW or a CDW at any local Justice of the Peace Court or at the Mental Illness Court located in the Records Building, 501 Main Street, Room 201, Dallas (downtown Dallas).

After Hours and Weekends: You may apply for a MIW or a CDW at the Lew Sterrett Justice Center located at:
The Magistrate's Office
111 W. Commerce Street
Dallas, TX 75202
Phone: 214-653-2841

Judge Margaret O'Brien, Justice of the Peace 2-1

140 N. Garland Avenue, Garland, TX 75040
Phone: (214) 643-4773 • Fax (214) 643-4772
E-mail: JP21Court@dallascounty.org • Website: www.JudgeMO.com

CAUSE NO. _____

THE STATE OF TEXAS FOR THE BEST INTEREST AND PROTECTION OF	§ § § § § § § §	IN THE JUSTICE COURT PRECINCT 2, PLACE 1 DALLAS COUNTY, TEXAS

As a Mentally Ill or Chemically Dependent Person	§ §	

**APPLICATION TO MAGISTRATE FOR EMERGENCY DETENTION
FOR MENTAL ILLNESS AND/OR CHEMICAL DEPENDENCY**

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 *(List Full Address)*

2. I, the applicant, have reason to believe and do believe that the proposed patient evidences mental illness and/or chemical dependency.

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: *(Describe)*

4. I, the applicant, have reason to believe and do believe that the proposed patient evidences a substantial risk of serious harm to others: *(Describe)*

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 *(Continue on Next Page)*:

ACKNOWLEDGMENT FOR MENTAL ILLNESS
EMERGENCY DETENTION APPLICATION

I, the applicant, acknowledge the following:

Sec. 571.020. CRIMINAL PENALTIES. (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.

MENTAL HEALTH HISTORY QUESTIONNAIRE

<i>Proposed Patient Information</i>	<i>Applicant Information</i>
<i>Name of Proposed Patient</i>	<i>Applicants Name</i>
<i>Proposed Patient's Address</i>	<i>Applicants Street Address</i>
<i>Proposed Patient's City, State, Zip</i>	<i>Applicants City, State, Zip</i>
<i>Gender/Date of Birth of Proposed Patient</i>	<i>Applicants Relationship to Proposed Patient</i>
<i>Proposed Patient's Weight & Height</i>	<i>Applicants Phone (Cell, Work, Home)</i>

Does the patient have any criminal charges?	Yes	No
Has the patient ever received psychiatric care before?	Yes	No
Do you think the patient will be violent?	Yes	No
Does the patient carry a weapon?	Yes	No
Are there any knives or guns in the house?	Yes	No
Do you have reason to believe and do believe that the risk of harm is imminent unless the person is immediately restrained?	Yes	No

Do have reason to believe that the patient is a substantial risk of serious harm to themselves or others? If the answer is yes, specify and describe:

Are your beliefs based on specific recent behavior, overt acts, attempts or threats? If yes, please explain.

With my signature, I hereby affirm that the information provided within this application to magistrate for chemical dependency emergency detention is true and correct

Unsworn Declaration
(Texas Civil Practice and Remedies Code, Section 132.001)

My name and address are as follows:

Printed Name Affiant

Street Address / City / State / Zip / Country

Phone Number / Fax Number / Email

I consent to receiving filings by email / Email Address

My date of birth is:

Month / Day / Year

I declare under penalty of perjury that all information in the attached document titled, **APPLICATION TO MAGISTRATE FOR EMERGENCY DETENTION FOR MENTAL ILLNESS AND/OR CHEMICAL DEPENDENCY** is true and correct.

Signature

County, State of

Sign in (County of Signature) County, State of (State of signature)

Date