

CAUSE NO. _____

STATE OF TEXAS § IN THE JUSTICE COURT
§
IN THE BEST INTEREST AND PROTECTION OF § PRECINCT 3, PLACE 1
§
_____ § DALLAS COUNTY, TEXAS

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

Now comes Applicant _____ on
_____ 20____ and makes application for the
Emergency Apprehension and Detention of _____
_____.

Applicant has reason to believe and does believe that the above-named person evidences:

- mental illness
- chemical dependence

Applicant has reason to believe and does believe that the above-named person evidences a
substantial risk of serious harm to self or others, which risk of harm is specified and described:

Applicant has reason to believe and does believe that the risk of harm is imminent unless the
above-named person is immediately restrained; and that Applicant's beliefs are based upon
specific recent behavior, overt acts, attempts, or threats which are specifically detailed:

Address of person to be detained:

Physical Description of person to be detained:

Sex: _____ Age: _____ Height: _____ Weight: _____ lbs.

Hair (*color & length*): _____ Eye Color: _____

Other identifying information: _____

Additional relevant information:

Applicant Signature

Date

Print Applicant Name

Relationship to Patient

Address

Apartment No.

City

State

Zip

Contact Phone Number(s)

SUBSCRIBED AND SWORN to before me this _____ day of , 20____.

Notary Public / Justice of the Peace 3-1

Dallas County, Texas

FOR MENTAL ILLNESS EMERGENCY DETENTIONS:

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.
 - (4)

DATED this ____ day of _____, 20_____.

Applicant Signature

Date

Print Applicant Name

Relationship to Patient

Address

Apartment No.

City State Zip

Contact Phone Number(s)

SUBSCRIBED AND SWORN to before me this ____ day of , 20____.

Notary Public / Justice of the Peace 3-1
Dallas County, Texas

HISTORY OF CURRENT MENTAL ILLNESS

Name of Patient

Patient's Address

Patient's City Zip

Patient's Phone

Patient's Race/Sex

Patient's Date of Birth

Patient's Weight/Height

Your Name

Your Address

Your City Zip

Your Relationship to Patient

Your Telephone Numbers, Cell – Home - Work

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? _____.

DATE: _____ **Applicant** *(sign)* _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Public / **Justice of the Peace, 3-1**
Dallas County, Texas