



DALLAS COUNTY JUSTICE OF THE PEACE 4-2

INFORMATION ON 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 2:00 p.m.: You can apply for a MIW or a CDW at our court during these hours. Your application may be heard the same day by the judge depending on the court's schedule. Please ensure you bring ALL evidence with you the day of your application.

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



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CAUSE NO. _____

THE STATE OF TEXAS FOR THE
BEST INTEREST AND PROTECTION
OF

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IN THE JUSTICE COURT

PRECINCT 4, PLACE 2

DALLAS COUNTY, TEXAS

APPLICATION TO MAGISTRATE FOR 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 *(List Full Address)*

2. I, the Applicant, have reason to believe and do believe that the proposed patient evidences 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: *(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 relationship to the proposed patient is: _____
7. 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)*:



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ACKNOWLEDGMENT FOR EMERGENCY DETENTION APPLICATION

I, the Applicant, acknowledge the following:

Section 462.008 of the Texas Health & Safety Code provides:

1. 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 treatment facility.
2. A person commits an offense if the person knowingly violates this chapter.
3. 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>



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Does the patient have any criminal charges?	<i>Yes</i>	<i>No</i>
Do you think the patient will be violent when the warrant is served?	<i>Yes</i>	<i>No</i>
Does the patient carry a weapon?	<i>Yes</i>	<i>No</i>
Are there any knives or guns in the house?	<i>Yes</i>	<i>No</i>
Do you have reason to believe and do believe that the risk of harm is imminent unless the person is immediately restrained?	<i>Yes</i>	<i>No</i>

Has the patient ever received chemical mental health treatment before? If yes, when and where?

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 emergency detention is true and correct

Signed this _____ day of _____, 20____.

Signature of Applicant

Printed Name

Subscribed and sworn to before me on this the _____ day of _____, 20_____

Notary Public