

NO. _____



THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

AFFIDAVIT OF APPLICANT

Before me, the undersigned authority personally appeared _____, known to me to be the person whose signature appears below, who, after being duly sworn by me, upon his/her oath stated as follows:

My name is _____. That my address is _____. That on or about the _____ day of _____, 20____, I saw the proposed patient do the following:

That on or about the _____ day of _____, 20____, I heard the proposed patient say as follows:

That I have had the opportunity to watch the proposed patient recently, and I have seen him/her act as follows:

I understand that should sufficient probable cause not exist to restrain the Proposed Patient until the time of trial, he/she will be released pending final hearing.

SIGNED this the _____ day of _____, 20____.

Applicant

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared applicant, who being by me duly sworn, on oath said that he/she is the applicant and has read the above and foregoing statements, and that every statement contained therein is within his/her personal knowledge and is true and correct.

Subscribed and sworn to before me on the _____ day of _____, 20____, to certify which witness my hand and official seal.

Teneshia Hudspeth, County Clerk

By: _____
Deputy County Clerk