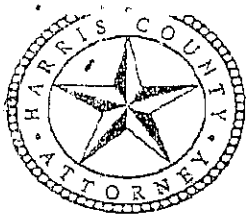


Vince Ryan
Harris County Attorney

COURT-ORDERED MENTAL HEALTH CARE
AND COURT ORDERED CHEMICAL DEPENDENCY CARE

Vince Ryan, County Attorney of Harris County, Texas and his assistants, represent the State of Texas in civil commitment proceedings. We hope that the following information will be helpful in explaining the procedure for obtaining court-ordered mental health care. Refer any questions you may have to the County Attorney's Office at (713) 741-6016. You may also contact the Probate Court/Mental Health Division at (713) 741-6020 or the MHMRA.

- (1) Please be specific when filling out the application for court-ordered mental health care or court-ordered chemical dependency care, and the affidavit of witness. Include recent behavior and/or statements of the patient which prompted you to make this decision; i.e. what you have seen or heard which makes you feel that the patient needs psychiatric care at this time.
- (2) Provide the caseworker who interviews you with all of the telephone numbers where you may ordinarily be reached. We may need to contact you in the evening, so please include home as well as work numbers. If the number belongs to a neighbor or friend or other family member who will give you the message, please leave the name of that person. Please identify your relation to patient, (for instance, guardian, neighbor, etc.).
- (3) Ordinarily an Order of Protective Custody (O.P.C.) will be issued and this order allows the patient to be held up to fourteen days for evaluation. In most cases, a probable cause hearing will be held within 72 hours after the O.P.C. is issued. These hearings are regularly scheduled on Monday, Wednesday and Friday at 2800 South MacGregor Way. The patient will receive papers giving the date of this hearing. The applicant is not required to come; however, you may call the number provided above if you have a question about whether or not to attend.
- (4) The final hearing must be held within the fourteen day period but may be held at any time after the probable cause hearing, usually within one week. These final hearings are regularly scheduled every Monday, at 9:00 a.m. and Friday, at 10:00 a.m. at 2800 South MacGregor Way. Once again, the patient's notice of hearing should give the exact date and time. The dates may need to be changed for a variety of reasons, so please keep yourself informed as a family member or person responsible for filing the application may need to be present at the final hearing in order for the patient to receive court-ordered mental health or court-ordered chemical dependency care. The applicant must be prepared to give testimony concerning the patient's recent behavior within the past two months that tends to show that the patient may be dangerous to himself/herself or others as a result of his/her present mental illness or chemical dependency. In addition, a psychiatrist who has examined the patient will be present to answer questions concerning the diagnosis and recommendation for treatment.
- (5) The applicant will be notified by telephone one or two days prior to the hearing. We will attempt to call you by using the telephone numbers you listed on the application, so please be sure to give us good working numbers. If you have not been notified within four days after the probable cause hearing, check with the staff at the numbers provided above. Also, if you have been away from home or work or have had difficulty with your telephone, please contact us to confirm the date and time of the final hearing.



Vince Ryan
Harris County Attorney

If the applicant is not present at the final hearing, the patient may have to be released without further court-ordered treatment, so please keep yourself informed.

These phone numbers might be helpful to you. For further information, feel free to contact:

County Attorney's Office at 2800 South MacGregor Way	(713) 741-6016
Probate Court/Mental Health Division	(713) 741-6020
MHMRA Neuro Psychiatric Center	(713) 970-4640
MHMRA Access Center	(713) 970-7000
Constable's Office at 2800 South MacGregor Way	(713) 741-6012
To reach the Constable's after 10:00 p.m. Weekdays or on Weekends	(713) 755-7628

Our job is to help you and we sincerely appreciate your efforts to cooperate with us.

Vince Ryan

Harris County Attorney

PROBATE COURT #3



PRINT ONLY

PRIVATE HOSPITAL _____

HARRIS COUNTY PSYCHIATRIC HOSPITAL

NEUROPSYCHIATRIC CENTER

MEDICARE ____ MEDICAID

MENTAL HEALTH ____ CHEMICAL DEPENDENCY

TIME _____ DATE _____ INITIALS _____

PATIENT INFORMATION

FULL LEGAL NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____

COUNTY: _____

ZIP: _____

SEX: _____ RACE: _____

HEIGHT: _____ WEIGHT: _____

DATE OF BIRTH: _____ AGE: _____

PATIENT LOCATION: _____

CITY: _____

COUNTY: _____

ZIP: _____

VETERAN: YES _____ NO _____

TDL# _____ S.S.# _____

DOES THE PATIENT HAVE A COURT APPOINTED LEGAL GUARDIAN?

(THIS DOES NOT REFER TO A SOCIAL SECURITY PAYEE)

YES _____ NO _____

IF YES, NAME _____ PH# _____

INFORMANT INFORMATION

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

COUNTY: _____

ZIP: _____

HOME PHONE: _____

WORK PHONE: _____

RELATIONSHIP TO PATIENT: _____

LAST DATE PATIENT WAS SEEN BY YOU: _____

SIGNATURE

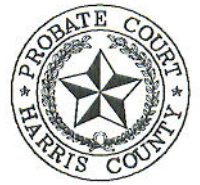
FINANCIALLY RESPONSIBLE PARTY: PATIENT _____ PARENT _____

GUARDIAN _____ OTHER _____

ADDRESS: _____

PHONE: _____

SIGNATURE



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.

Chris Hollins, County Clerk

By: _____
Deputy County Clerk