

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS § IN THE COUNTY COURT AT LAW  
 FOR THE BEST INTEREST §  
 AND PROTECTION OF §  
 \_\_\_\_\_ §  
 A MENTALLY ILL PERSON § COMAL COUNTY, TEXAS

MOTION FOR AN ORDER OF PROTECTIVE CUSTODY

Now comes, the Court and on its own Motion files this, its Motion for an Order of Protective Custody, accompanied by Certificate of Medical Examination for Mental Illness, sworn to by physician who have examined the person who is the subject of this Motion within five days of its filing, and as grounds for said Motion, would state to the Court as follows:

1. There is pending in this Court a sworn Application for Court-Ordered Treatment for Mental Illness Services for \_\_\_\_\_, hereinafter called "Proposed Patient". The Applicant, \_\_\_\_\_ has alleged that the Patient is mentally ill and meets the criteria for Court-Ordered Treatment for Mental Illness.

2. Within the accompanying Certificate, the certifying physician have stated the detailed basis for their opinions that the Proposed Patient is mentally ill and presents a substantial risk of serious harm to self or others if not immediately restrained.

3. Upon the sworn representations of the Applicant and the certifying physician, all of whom are credible persons, as well as upon the basis of the conduct of the Proposed Patient or the circumstances under which the Proposed Patient was found, Movant has reason to believe and does believe that the Proposed Patient meets the criteria set forth in Sections 574.021 and 574.022 of the Texas Health and Safety Code, namely that the Proposed Patient is mentally ill and represents a substantial risk of serious harm to self or to others if not immediately restrained pending the hearing on probable cause.

4. Upon the basis of the information in the Application and Certificate, it may fairly determine and conclude and I do determine and conclude that the physician has stated an opinion and the detailed basis for that opinion that the Proposed Patient is mentally ill, that the Proposed Patient presents a substantial risk of serious harm to self or others if not immediately restrained pending the hearing; and that the conclusions and beliefs of the Applicant, certifying physician, and Movant are adequately supported by the information presented.

Wherefore, the Court moves that an Order for Protective Custody be issued directing a peace officer or other designated person to take the Proposed Patient into protective custody and immediately transport such person to \_\_\_\_\_ at \_\_\_\_\_, Texas or **any qualified facility with the first available bed as designated by the LMHA** for conducting evaluation and examination, and to there legally detain the Proposed Patient pending a probable cause hearing.

Signed and dated the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Presiding Judge

\_\_\_\_\_MH\_\_\_\_\_

THE STATE OF TEXAS § IN THE COUNTY COURT AT LAW  
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\_\_\_\_\_ §  
A MENTALLY ILL PERSON § COMAL COUNTY, TEXAS

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION  
FOR MENTAL ILLNESS

I, the undersigned, a person licensed to practice medicine in the State of Texas, or a person employed by an agency of the United States having a license to practice medicine in any state of the United States, do hereby certify, to wit:

1. My name and address is \_\_\_\_\_  
\_\_\_\_\_

2. That on the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, at the following location: \_\_\_\_\_, I evaluated and examined \_\_\_\_\_, hereafter called "Proposed Patient".

3. Prior to the examination, the Proposed Patient \_\_\_ was \_\_\_ was not, informed that communications with me would not be privileged.

4. The Proposed Patient, whose address is \_\_\_\_\_ has been under my care for the following, **if any**, period of time \_\_\_\_\_.

5. A brief diagnosis of the condition of the Proposed Patient, on said date is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. An accurate description of the mental health treatment, if any, given by me or administered under my directions is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: THE FOLLOWING MUST BE COMPLETED IN EVERY CASE TO SHOW PATIENT IS MENTALLY ILL AND LIKELY TO CAUSE SERIOUS HARM TO OTHERS OR SELF OR IF CONDITION WILL LIKELY DETERIORATE**

7. That I am of the opinion that the Proposed Patient is mentally ill and that as a result of such illness the Proposed Patient meets at least one of the following criteria:

\_\_\_\_\_ is likely to cause serious harm to him/herself; and/or

\_\_\_\_\_ is likely to cause serious harm to others; and/or

\_\_\_\_\_ is suffering severe and abnormal mental, emotional or physical distress; is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for his basic needs, including food, clothing, health, or safety; and, is unable to make a rational and informed decision as to whether or not to submit to treatment.

The detailed basis for this opinion is as follows:

On or about (date) \_\_\_\_\_ the Proposed Patient said the following:

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On or about (date) \_\_\_\_\_ the Proposed Patient committed the following acts:

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**8. (NOTE; COMPLETE THIS ITEM ONLY IF THIS CERTIFICATE IS TO BE OFFERED IN SUPPORT OF A MOTION FOR AN OPC. IT IS NOT SUFFICIENT TO RESPOND BY REFERENCE TO ANY OTHER ITEM IN THIS CERTIFICATE.)**

That I am further of the opinion that the Proposed Patient presents a substantial risk of serious harm to self or others if not immediately restrained, which is demonstrated by (Check the box(es) as applicable):

- the person's behavior; or
- by evidence of severe emotional distress and deterioration in his mental condition to the extent that the person cannot remain at liberty.

The detailed basis for this opinion is as follows:

A On or about \_\_\_\_\_, 20\_\_ the above named person said the following:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

B. On or about \_\_\_\_\_, 20\_\_ the above named person committed the following acts:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

SIGNATURE EXAMINING PHYSICIAN: \_\_\_\_\_

Printed Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public



Race \_\_\_\_\_ Language \_\_\_\_\_

5. Does Proposed Patient have any weapons? \_\_\_\_\_ Describe \_\_\_\_\_

6. Is Proposed Patient a minor? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, name of guardian \_\_\_\_\_

7. If physician or psychiatrist is treating the Proposed Patient, state the name of the Doctor. \_\_\_\_\_

8. Does Proposed Patient have any criminal charges? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Does Proposed Patient need Ambulatory services? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Has Proposed Patient been treated at the local MHMR facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. By making this Application, I understand and agree that the proposed patient maybe financially responsible for all fees, legal and medical, that are incurred as a result of making this application.

\_\_\_\_\_  
Applicant

Sworn to and signed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

PAPERWORK

\_\_\_\_\_ MH \_\_\_\_\_

THE STATE OF TEXAS § IN THE COUNTY COURT AT LAW  
FOR THE BEST INTEREST §  
AND PROTECTION OF §

\_\_\_\_\_ § COMAL COUNTY, TEXAS  
A MENTALLY ILL PERSON

APPLICATION FOR COURT-ORDERED TEMPORARY  
MENTAL ILLNESS SERVICES

Now Comes, \_\_\_\_\_, (hereinafter referred to as "Applicant"), an adult person, who after being duly sworn, respectfully presents this Application for Court-Ordered Temporary Mental Illness Services and upon information and belief, under oath, states the following:

1. \_\_\_\_\_, the proposed patient resides at \_\_\_\_\_, in Comal County, Texas.
2. The proposed patient is/is not charged with a criminal offense that involves an act, attempt, or threat of serious bodily injury to another person.
3. Applicant has reason to believe and does believe that the proposed patient is mentally ill and as a result of that mental illness meets at least one of the following criteria:

\_\_\_\_\_ is likely to cause serious harm to self; or  
 \_\_\_\_\_ is likely to cause serious harm to others; or  
 \_\_\_\_\_ is suffering severe and abnormal mental, emotional or physical distress; is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the proposed patient's inability, except for reasons of indigence, to provide for his basic needs, including food, clothing, health, or safety; and, is unable to make a rational and informed decision as to whether or not to submit to treatment.

4. A specific factual basis for this opinion is as follows: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WHEREFORE, PREMISES CONSIDERED, Applicant prays that the Court set a date and time for a hearing on this application; that the Court find the proposed patient mentally ill; that the Court order the proposed patient be committed to a mental health facility for a period not to exceed ninety days; and that the Court enter such other orders as may be appropriate or necessary under the laws of the State of Texas.

Sworn to and signed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Notary Public

MH          

**AFFIDAVIT**

\_\_\_\_\_  
Applicant

SUBSCRIBED AND SWORN TO BEFORE ME on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and official seal.

\_\_\_\_\_  
Notary Public in and for  
Comal County, Texas

MH

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
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A MENTALLY ILL PERSON

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§

IN THE COUNTY COURT AT LAW  
OF  
COMAL COUNTY, TEXAS

**ORDER APPOINTING ATTORNEY,  
FOR INSPECTION, SETTING HEARINGS, AND FOR NOTICE**

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, it having been called to the attention of the Court that a Probable Cause Hearing under Section 574.025, Texas Health and Safety Code, after the Emergency Detention of the patient, \_\_\_\_\_, is necessary, the Court determines that an attorney shall be appointed to represent said patient at this aforementioned hearing.

**IT IS THEREFORE ORDERED:**

That \_\_\_\_\_ is appointed Attorney to represent the patient in the above-entitled cause number; that said attorney shall be furnished with all records and papers, and shall have access to all hospital and doctors' records in said cause; and that, to ensure effective communication between said attorney and the proposed patient, any interpreters be likewise appointed.

**NOTICE OF PROBABLE CAUSES HEARING**

This cause is set for a probable cause hearing on \_\_\_\_\_, 20\_\_\_\_ AT 1:00 PM in the County Court at Law No. 3 – Comal County. **Due to COVID-19, this hearing will be conducted via “zoom”, which may be accessed by, meeting ID 630 628 1500.**

**NOTICE OF FULL EVIDENTIARY HEARING**

This cause is set for a full evidentiary hearing on \_\_\_\_\_, 20\_\_\_\_, AT 1:00 PM in the County Court at Law No. 3 – Comal County. **Due to COVID-19, this hearing will be conducted via “zoom”, which may be accessed by, meeting ID 630 628 1500.**

SIGNED and entered this the \_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
PRESIDING JUDGE  
COMAL COUNTY, TEXAS

\_\_\_\_\_  
MH  
\_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
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§  
§

IN THE COUNTY COURT AT LAW

\_\_\_\_\_  
A MENTALLY ILL PERSON

COMAL COUNTY, TEXAS

ORDER OF PROTECTIVE CUSTODY

TO: Pursuant to Sec. 574.045 of the Health and Safety Code: The court authorizes the transportation of the below committed patient by:

\_\_\_\_\_ 1. A certified mental health officer:

- New Braunfels Police Department – Officer Krifka/Officer Coronado
- Comal County Sheriff’s Office – Deputy Burns/Deputy Bustos

\_\_\_\_\_ 2. The Sheriff or Constable

WHEREAS, an Application for Court-Ordered Treatment for Mental Illness for \_\_\_\_\_, hereinafter called “Proposed Patient”, is pending in the above-referenced Court, and there also having been filed by the Court, a Motion for an Order of Protective Custody, accompanied by a physician’s Certificate of Medical Examination for Mental Illness showing that the Proposed Patient has been examined within five days of the filing of such Motion;

AND WHEREAS, the Court has considered said Application, Motion and Certificate, and taken further evidence, as needed for a fair determination of the matter, and has resolved that the conclusions and beliefs of the applicant, Movant and certifying physician are adequately supported by the information presented;

AND WHEREAS, the Court has determined that the certifying physician has stated an opinion, and the detailed basis for that opinion, that the Patient is mentally ill and the Patient presents a substantial risk of serious harm to self or others if not restrained pending a hearing on probable cause;

AND WHEREAS, the Court finds the Applicant of the Proposed Patient has filed an Affidavit stating the Proposed Patient, his/her estate and family will take all financial responsibility for the transport, treatment and care of the Proposed Patient;

**AND the COURT ORDERS that the receiving mental health facility shall notify the Mental Health Coordinator, Lewis Jones, at least 48 (forty-eight) hours prior to any anticipated release of the patient at [joneslew@co.comal.tx.us](mailto:joneslew@co.comal.tx.us).**

NOW THEREFORE, you are hereby ORDERED to take the person of the Proposed Patient into Protective Custody and immediately transport such person to: \_\_\_\_\_, in \_\_\_\_\_, County, Texas or any qualified facility with the first available bed as designated by the LMHA which the Court finds is a suitable facility where said Patient is to be detained according to law, pending a Probable Cause Hearing.

HEREIN FAIL NOT, but of this Order make due return to said Court showing how you have executed the same.

GIVEN UNDER MY HAND this \_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Presiding Judge

Received at \_\_\_\_\_, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The undersigned upon receiving a copy of the Order for Protective Custody and admission hereby acknowledges acceptance of the Patient  
\_\_\_\_\_.

\_\_\_\_\_  
Facility Representative

OFFICER'S RETURN

Came to hand on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and transported the within named Proposed Patient to \_\_\_\_\_.

To certify which witness my hand officially,

By: \_\_\_\_\_  
Deputy / Officer