



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

\_\_\_\_\_  
PROPOSED PATIENT

\_\_\_\_\_  
APPLICANT

1. Does the proposed patient have any pending criminal charges? no\_\_\_\_\_ yes \_\_\_\_\_
2. Has the proposed patient ever received psychiatric care? If yes, when and where?
3. Do you have reason to believe, and do believe, that the proposed patient is at risk of serious harm to self or others? Specify the risk and describe.
4. Do you have reason to believe, and do believe, that the risk is substantial unless the person is immediately restrained? Specify and describe need for immediate restraint:
5. State whether your beliefs are based on recent behavior, overt acts, attempts, or threats? Specify and describe:
6. Do you think the proposed patient will be violent when the officers arrive?
7. Are there any knives or guns in the house?
8. Does the patient carry weapons? \_\_\_\_\_
9. Has the proposed patient participated in recent outpatient treatment? If yes, when and where? Detail Applicant's efforts to obtain outpatient treatment?

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

SUBSCRIBED AND SWORN TO before me on \_\_\_\_\_,201\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Texas