

CAUSE NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

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THE PROBATE COURT
OF
DENTON COUNTY, TEXAS

**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, being duly sworn, state upon oath, to-wit:

1. My name and address is: *(Please Print)* _____

Phone number (____) _____ - _____ or (____) _____ - _____

2. On the _____ day of _____, 200__, I examined and evaluated
_____, Proposed Patient, at the following location:

The Proposed Patient's address is _____

3. The Proposed Patient has been under my care for the following period of time: _____

4. That I [**did/did not**], prior to my examination of the above Proposed Patient, tell him/her that anything said to me or observations made by me of the Proposed Patient during the initial or any later examination would be used in a Court of Law and are not privileged.

5. A brief diagnosis of the physical and mental condition of the Proposed Patient on said date is:

6. An accurate description of the mental health treatment, if any, given by or administered under the direction of the examining physician is as follows: _____

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

- a. is likely to cause serious harm to self OR
- b. is likely to cause serious harm to others OR
- c. 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.
- d. has the inability to participate in outpatient treatment services effectively and voluntarily.

The detailed basis of this opinion is as follows: _____

8. **Complete only if this Certificate is to support a Motion for Protective Custody (OPC). Item 7(a) and/or 8(b) must be checked.**

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:

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

The factual basis for my opinions as stated herein are set forth in detail in the attached Exhibit "A" which is incorporated herein by reference as if set out verbatim herein.

SIGNED this _____ day of _____, 200__.

SWORN UNDER MY HAND AND SEAL, this the _____ day of _____, 200__.

Notary Public, State of Texas

**STATE OF TEXAS
COUNTY OF DENTON**

PHYSICIAN AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared _____, who being by me duly sworn did depose and say as follows:

"My name is _____. I am a licensed physician, licensed to practice in the State of Texas. I am the examining physician, who has signed the Certificate of Medical Examination to which this Affidavit is attached. My opinions expressed in said Certificate are based upon the following factual basis:

Recommendations: _____

The above stated facts are based upon my personal observation, the observation of others, and information supplied by various other individuals. It is standard medical practice this day and age in Denton County, Texas, to rely on such observation and information in reaching the opinions as stated in the attached Certificate. I have read this Affidavit and each and every statement contained herein is, within my personal knowledge, true and correct except those which are made, and so designated above as being made, upon information and belief, such statements are believed to be true and correct.

Affiant

SWORN UNDER MY HAND AND SEAL, this the _____ day of _____, 200__.

Notary Public, State of Texas