

CAUSE NO. _____

STATE OF TEXAS

§

IN THE JUSTICE COURT

§

IN THE BEST INTEREST AND PROTECTION OF

§

PRECINCT ONE

§

§

TARRANT COUNTY, TEXAS

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

APPLICANTS INFORMATION:

APPLICANT NAME(S): _____

APPLICANT'S ADDRESS: _____

APPLICANT'S CELL PHONE: _____

Now comes Applicant on _____ 20____ and makes application for the Emergency Apprehension and Detention of (patient)_____.

Applicant has reason to believe and does believe that the above-named person evidence:

mental illness

Relationship of applicant to person who is to be detained (*check one*):

None Spouse Parent Friend Adult Child Neighbor

Other (please specify) _____.

PATIENT INFORMATION:

PATIENT'S NAME: _____

PATIENT'S ADDRESS: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____ Height: _____

Weight: _____ Eye color: _____ Hair color: _____ Last 3 of SSN: _____

Does the patient work? ____ Yes ____ No ____ Unknown Work Hours _____

Business Name _____ Business Phone Number _____

Last worked on _____ Type of Job _____

Address: _____ City: _____ Zip: _____

Does the patient have a Driver's License? ____ Yes ____ No ____ Unknown

Does the patient own a car? ____ Yes ____ No ____ Unknown Do they drive? ____ Yes ____ No ____ Unknown

Will the patient be violent or try to run away when the officers arrive? ____ Yes ____ No ____ Unknown

Has the Patient ever assaulted anyone? ____ Yes ____ No ____ Unknown

If yes, in what way? _____

Are there any guns or weapons of any sort in the home that you know of? ____ Yes ____ No ____ Unknown

If yes, what type? _____

Does patient live with applicant, if not where and with whom does he live? _____

Are there others living in the home with patient? If so, what are their ages? _____

Who does the patient talk to on a daily/weekly basis? _____

Applicant has reason to believe and does believe as a result of that mental illness that the above-named person

(check all that apply):

- evidences a substantial risk of serious harm to self or others
- evidences severe emotional distress and deterioration in the person’s mental condition
- evidences an inability to recognize symptoms or appreciate the risks and benefits of treatment
- unable to provide care of self for daily and essential needs

MEDICAL INFORMATION:

Does the patient have any physical handicaps or medical conditions? ____ Yes ____ No ____ Unknown

If yes, please list: _____

Is the patient under the care of a medical doctor at this time? ____ Yes ____ No ____ Unknown

If yes, please list: _____

MENTAL HEALTH HISTORY

Outpatient treatment: _____

Psychiatric Hospitalizations: _____

Prior Mental Health/Chemical Dependency warrants: Yes No Unknown

If yes, please list dates and county _____

From your personal knowledge, describe in detail what you have observed within the last 72 hours—specifically within the past 24 hours—that demonstrates the patient is an immediate risk of harm to themselves or others, or that the patient is experiencing substantial mental or physical deterioration that prevents them from functioning independently to meet basic needs such as food, clothing, health, or safety and not able to make a rational informed decision to whether or not to submit to treatment.

Additionally, Applicant has reason to believe and does believe that the person is likely, without immediate detention, to suffer serious risk of harm or to inflict serious harm on another person, and that the risk of harm is imminent unless the above-named person is immediately restrained and the necessary restraint cannot be accomplished without emergency detention. Applicant's beliefs are based upon specific recent behavior, overt acts, attempts, or threats. **Check all that apply below:**

- Suicidal thoughts, threats, or attempt
- Recurring thoughts of death/self-harm
- Homicidal thoughts/threats
- Assaultive behavior
- Visual/auditory hallucination
- Appetite problems/weight loss
- Personal hygiene problems
- Too much energy/unable to sit still/fidgeting
- Depression
- Mood swings
- Inflated self-esteem/grandiosity
- Suspicious/paranoid
 - Delusions
- Incoherent/rapid/pressured speech
- Easily distracted/unable to stay on task
- Sleep problems
 - Irritability/anger/hostility
- Hopelessness/helplessness/worthlessness
- No energy
- Depression
- Anxiety

Please describe detailed behaviors: _____

I certify that the information provided within this application is true and correct.

APPLICANT

DATE