

CAUSE NO. _____

STATE OF TEXAS

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IN THE JUSTICE COURT

IN THE BEST INTEREST AND PROTECTION OF

PRECINCT TWO

TARRANT COUNTY, TEXAS

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

APPLICANT'S 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 evidences:

- mental illness
- chemical dependence

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

- None Spouse Parent Friend Adult Child Neighbor
- Other (please specify) _____.

PATIENT'S INFORMATION:

PATIENT'S NAME: _____

PATIENT'S ADDRESS: _____

Can the patient be found at the above address? _____ Yes _____ No _____ Unknown

If no, where may the patient be found? _____

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

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

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

Does the patient own a car? _____ Yes _____ No _____ Unknown

Does the patient drive? _____ Yes _____ No _____ Unknown

Does the patient drink alcohol? _____ Yes _____ No _____ Unknown

Does the patient use drugs? _____ Yes _____ No _____ Unknown

If yes, what types? _____

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

Has the patient ever assaulted anyone? _____ Yes _____ No _____ Unknown

If yes, when and in what way? _____

Are there any guns or weapons in the home? _____ Yes _____ No _____ Unknown

If yes, what type? _____

Does the patient live with the applicant? _____ Yes _____ No

If no, with whom does the patient live? _____

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

Applicant has reason to believe and does believe as a result of that mental illness or chemical dependency 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

When was the last time you have seen the patient exhibit the behavior selected above? _____

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 date(s) and county or counties _____

From your personal knowledge, describe in detail what you have observed within the last 72 hours, specifically within the last 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 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 and please list the last date the specific behavior was seen and use additional section if you need more space.**

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

Describe the detailed behaviors and the last date the behaviors were seen:

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

APPLICANT

DATE

Court Staff:
Hospital: _____ John Peter Smith _____ Millwood _____ Huguley _____ Sundance

