Section 28 BLACK INK ONLY

| | NO | | | |
|--------------------------------------|-----------------------|--------------------------|------------------------|--|
| THE STATE OF TEXAS | X | IN THE JUSTICE C | F COURT | |
| FOR THE BEST INTEREST | X | PCT.3 PL.2 | | |
| AND PROTECTION | Χ | HIDALGO COUNT | Y, TEXAS | |
| APPLICATION | ON FOR EMER | GENCY COMMIT | MENT | |
| | | Home Phone | | |
| Address of Affiant Age | | Work Phone Other Phone | | |
| Name of person for whom commitm | nent is sought: | | | |
| Address (Residence) | | | | |
| Race Sex Age | e Height | Weight [| OOB | |
| Hair Eye | es SS | # | | |
| RELATIONSHIP OF AFFIANT TO | PERSON FOR WHO | OM COMMITMENT IS | SOUGHT: | |
| (Check One)Stranger | Spouse | Neighbor | Friend | |
| Former Spouse | _ Other (Please Spe | ecify) | | |
| I have reason to believe that | | | is mentally ill | |
| and that unless he/she is immediat | ely restrained, there | is an imminent substa | antial risk of harm to | |
| himself/herself or others, said harm | ı being | | | |
| (Describe and specify the harm that | t probably will occur |) | | |
| My beliefs are based on the followi | na specific recent be | ehavior overt acts, atte | empts or threats: | |

ORDER AND WARRANT FOR EMERGENCY MENTAL ILLNESS COMMITMENT

| NO | | | | | |
|--|-----------------------|---------------|--|--------------|---------|
| THE STATE OF TEXAS FOR THE BEST INTEREST AND PROTECTION OF | X X X | PCT.3, | THE JUSTICE COURT CT.3, PL.2 DALGO COUNTY, TEXAS | | |
| ORDER FOR IS | SUANCE OF MENTA | AL HEALTH | I WARRAN | Т | |
| Upon presentation of an Application | on for Emergency Adr | nission Det | ention by | | |
| | the | court | finds | there | tha |
| (Name of Applicant) | | | | | |
| Evidence Mental Illness that creat | es an imminent subs | stantial risk | of serious | harm to him | n/her o |
| others and that necessary restrain | nt for treatment canr | not be acco | mplished v | without Eme | ergency |
| Detention and that Emergency D | Detention is the leas | t restrictive | means by | / which ned | cessary |
| restraint may be affected. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Date | _ | | of the Pea | ce Pct.3, PL | 2 |