

## **PENALTIES FOR UNWARRANTED COMMITMENT**

ARTICLE 5547-1, ET SEQ. V.T.C.S. PROVIDES THAT:

ANY PERSON WHO WILLFULLY CAUSES OR CONSPIRES WITH OR ASSISTS ANOTHER TO CAUSE THE UNWARRANTED COMMITMENT OF ANY INDIVIDUAL TO A MENTAL HEALTH FACILITY IS GUILTY OF A MISDEMEANOR AND UPON CONVICTION SHALL BE PUNISHED BY A FINE NOT EXCEEDING \$5,000.00 OR BY

**IMPRISONMENT NOT EXCEEDING TWO YEARS OR BY BOTH.**

I, THE UNDERSIGNED, ACKNOWLEDGE RECEIPT AND UNDERSTANDING OF THE ABOVE INFORMATION.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

Section 30. Rights of Persons Apprehended for Emergency Detention Every person brought into the facility for Emergency Apprehension or Detention must be informed orally of the following rights, in simple non-technical terms, within 24 hours of admission. In addition, persons shall be informed in writing of these same rights, in their primary language, if possible. These rights shall be communicated to a hearing and/or visually impaired person through any means reasonable calculated to communicate these rights.

1. You have the right to be advised of the location of your detention, the reasons for your detention, and the fact that your detention could result in a longer period of involuntary commitment.
2. You have the right to contact an attorney of your own choosing and the right to a reasonable opportunity to contact that attorney.
3. You have the right to be transported back to the location of apprehension or to your place of residence in the state or other suitable place if not admitted for emergency detention, unless you are arrested or object to the return.
4. You have the right to be released if the head of the facility determines that any one of the following four criteria for emergency detention no longer apply:
  - (a) you are mentally ill; (OR)
  - (b) you evidence a substantial risk of harm to self or others, which risk of harm shall be specified and described; that risk of harm may be demonstrated either by your behavior or by evidence of severe emotional distress and deterioration in your mental condition to the extent that you cannot remain at liberty; (OR)
  - (c) the described risk of harm is imminent unless you are immediately restrained; (OR)
  - (d) emergency detention is the least restrictive means by which necessary restraint may be effected.
5. You have the right to be advised that communications to a mental health professional may be used in proceeding for further detention.

If actual information is not given to you orally and in writing so that you understand the above rights, ask the person informing you for more information.

**CAUSE NUMBER:** \_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST AND  
PROTECTION OF

\_\_\_\_\_

**APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before the undersigned authority, personally  
appeared \_\_\_\_\_, an adult person, who made Application for the Emergency  
Apprehension and Detention of \_\_\_\_\_.

The Applicant, after first being duly sworn stated:

"My name is \_\_\_\_\_, and I am an adult person with personal knowledge of the facts  
stated herein. I am fully competent to execute this affidavit application.

I have reason to believe and do believe that the above named person evidences mental illness for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I have reason to believe and do believe that the above named person evidences a substantial risk of serious harm to self  
or others which risk of harm is more specifically described as (NOTE: This harm may be demonstrated either by the  
person's behavior or be evidence of severe emotional distress and deterioration in mental condition to the extent that the  
person cannot remain at liberty):

I have reason to believe and do believe that the above risk of harm is imminent unless the said person is immediately  
restrained. My beliefs are based upon specific recent behavior, overt acts, attempts, or threats or be evidence of severe  
emotional distress and deterioration in mental condition more specifically described as:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I have reason to believe and do believe that the necessary restraint cannot be accomplished without emergency  
detention because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I am/am not related to the said person. Specify nature of relationship:

\_\_\_\_\_.

Any further relevant information, if any, is attached.

\_\_\_\_\_

Affiant/Applicant

**State of Texas, County of Fort Bend**

Before me, the undersigned authority, on this date personally appeared,

\_\_\_\_\_, known to me to be the person subscribed below, who after being duly sworn, under oath does swear and depose that the foregoing Application has been read and that all facts stated therein are true and correct.

\_\_\_\_\_

Applicant

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_

Notary Public in and for the State of Texas  
or Clerk of the Court for Justice Court,  
PRECINCT TWO, Fort Bend County, Texas

Seal

(Notary Public)

CAUSE NUMBER: \_\_\_\_\_

THE STATE OF TEXAS FOR THE  
BEST INTEREST AND PROTECTION  
OF

\_\_\_\_\_

**AFFIDAVIT TO MAGISTRATE OF WITNESS FOR EMERGENCY DETENTION**

Before me, the undersigned Notary Public or Clerk of Court, personally appeared

\_\_\_\_\_, known to me to be the person whose signature  
appears below, who, after being duly sworn by me, under oath stated as follows:

My name is \_\_\_\_\_

That my address is \_\_\_\_\_

\_\_\_\_\_.

(Select appropriate paragraph[s].)

That on or about the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I saw

\_\_\_\_\_ do the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

That on or about the \_\_\_\_\_ day \_\_\_\_\_, 20 \_\_\_\_, I heard

\_\_\_\_\_ said the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Either by the person's behavior or by the evidence of severe emotional distress and deterioration in mental condition to the extent that the person cannot remain at liberty:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I have reason to believe and do believe that the above risk of harm is imminent unless the said person is immediately restrained. My beliefs are based upon specific recent behavior, overt acts, attempts, or threats or by evidence of severe emotional distress and deterioration in mental condition more specifically described as:

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I have reason to believe and do believe that the necessary restraint cannot be accomplished without emergency detention because:

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I am/am not related to the said person. Specify nature of relationship:

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Any further relevant information, if any, is attached.

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Signature of Affiant/Applicant

### **The State of Texas, County of Fort Bend**

Before me, the undersigned authority on this date personally appeared

\_\_\_\_\_, known to me to be the person subscribed below, who after being duly sworn, under oath does swear and depose that the foregoing application has been read and that all facts stated therein are true and correct.

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Signature of Affiant/Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, to certify which witness my hand and seal of office.

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Signature of Notary Public or  
Clerk of Court for Justice Court  
PRECINCT TWO, Fort Bend County, Texas:

(Seal for Notary Public)

## INFORMATION SHEET

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(PERSON BEING COMMITTED)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

CLOTHING DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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INFORMATION PROVIDED BY: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CONTACT PHONE NUMBERS: \_\_\_\_\_

HAVE YOU SPOKEN WITH A MENTAL HEALTH OFFICER? \_\_\_\_\_ ON WHAT DATE? \_\_\_\_\_

NAME OF MENTAL HEALTH OFFICER: \_\_\_\_\_

HAVE YOU MADE ARRANGEMENTS WITH A HOSPITAL? \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

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### FOR OFFICIAL USE ONLY

FACILITY CALLED BY	DATE & TIME CALLED	BED CONFIRMED BY PERSON BELOW

THE STATE OF TEXAS



Cause No. \_\_\_\_\_

FOR THE BEST INTEREST OF \_\_\_\_\_

OF PRECINCT TWO IN  
FORT BEND COUNTY, TEXAS

**MAGISTRATE’S ORDER AND WARRANT FOR MENTAL HEALTH  
EMERGENCY APPREHENSION AND DETENTION**

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, came on to be considered an Application for the Emergency Detention of \_\_\_\_\_, presented to me by the Applicant therefor: \_\_\_\_\_.

(Person)

(Applicant)

After examining the Application and any accompanying relevant information, and after having interviewed the Applicant, if necessary, I find there is reasonable cause to believe: (1) that the person evidences mental illness; (2) that the person evidences a substantial risk of serious harm to himself/herself or others, such harm being demonstrated either by the person’s behavior or by evidence of severe emotional distress and deterioration in his/her mental condition to the extent that the person cannot remain at liberty; (3) that the risk of harm is imminent unless the person is immediately restrained; and (4) that necessary restraint cannot be accomplished without emergency detention. I further find that the person meets all four criteria for emergency detention in Subsection (d) of Section 28 of the Texas Mental Health Code.

It is therefore ORDERED that a Warrant shall issue for the immediate apprehension and transportation of the person to \_\_\_\_\_, or to the nearest appropriate in-patient mental health facility or, if none is available, to a facility \_\_\_\_\_,

(Facility)

deemed suitable by the mental health authority for this County, for the preliminary examination in accordance with the provisions of Subsection © of Section 26 of the Texas Mental Health Code.

COUNTY OF FORT BEND  
THE STATE OF TEXAS

**TO ANY HEALTH OR PEACE OFFICER OF THE STATE OF TEXAS, GREETINGS:**

You are hereby commanded to immediately seize and apprehend the person of \_\_\_\_\_

(Person)

And transport same to \_\_\_\_\_, \_\_\_\_\_, Texas for the purpose of a preliminary examination, as provided in the Texas Mental Health Code.

(Facility and Location)

(City)

HEREIN FAIL NOT, but of this writ make due return, showing how you have executed the same.

WITNESS my official signature, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Judge  
Justice of the Peace/Justice Court  
In Precinct Two of Fort Bend County, Texas

**OFFICER’S RETURN**

RECEIVED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and executed by apprehending the person of \_\_\_\_\_

\_\_\_\_\_, and transporting to \_\_\_\_\_  
for temporary acceptance for preliminary examination.

(Person)

(Facility and Location)

DATE EXECUTED: \_\_\_\_\_, TIME \_\_\_\_\_ AM/PM.

BY \_\_\_\_\_ (PEACE OFFICER)