

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

Tex. Health & Safety Code 573.011-.012

Case No. _____

THE STATE OF TEXAS
VS.

IN THE JUSTICE COURT
PRECINCT TWO
COOKE COUNTY, TEXAS

Defendant

Name of Person (Defendant) for whom apprehension and detention are sought: _____

DOB: _____

Street Address, City, State, Zip: _____

Phone Numbers: _____

Physical Description: Sex: Male / Female Age _____ Height _____ Weight _____

Hair (color & length) _____ Eye Color _____

Other identifying information _____

Applicant's Name: _____

Street Address, City, State, Zip: _____

Phone Numbers: _____

My Relationship to this person: Stranger Spouse Parent/Step Parent Friend Former Spouse

Adult Child Other (please specify) _____

I have reason to believe and do believe that _____ is mentally ill and that, unless the person is immediately restrained, there is imminent substantial risk of harm to the person or others. The risk of harm is _____

My beliefs are based on the following specific recent behavior, overt acts, attempts or threats:

_____.

Applicant

SWORN TO AND SUBSCRIBED BEFORE me this the _____ day of _____, 20____.

Notary Public or Justice of the Peace