

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF
_____.

§ IN THE COUNTY COURT AT LAW
§ NO. TWO (2)
§ MONTGOMERY COUNTY, TEXAS

PATIENT'S WAIVER OF ATTENDANCE AT PROBABLE CAUSE HEARING

I, _____ the Proposed Patient, do hereby state that I do not desire to be present at the Probable Cause Hearing on the Order of Protective Custody filed with the County Court at Law No. 2 (TWO) of Montgomery County, Texas.

I do hereby authorize said hearing officer to make his finding upon the basis of the Certificate of Medical Examination for Mental Illness on file with said Court, and any letters, affidavits, or other material, and to expedite the case to be heard at the earliest possible date.

SIGNED on _____, 20____.

PROPOSED PATIENT

WITNESS SIGNATURE

I have advised the Proposed Patient of his/her right to attend the Probable Cause Hearing and the Proposed Patient has chosen not to attend.

ATTORNEY FOR PROPOSED PATIENT