

BURKE CENTER INFORMATION SHEET

CAUSE NO: _____

Applicants name, address and phone number _____

Relationship, if any, to patient _____

Patient's sex: _____ Patient's age and date of birth: _____

Patient's Name: _____

Their address for service _____

Phone: _____

The proposed patient has the following pending criminal charges: _____

Patient's Insurance Information: _____

How entered to hospital:

_____ Emergency without warrant (attached mental health unit copies

_____ Emergency with a warrant (attach copies)

Date, time and circumstances of emergency detention: _____

Acts leading to application: _____

Witnesses names, addresses, and phone numbers: _____

What mental health facility is proposed patient going to: _____

Person or agency who is transporting patient: _____

Signed this the _____ day of _____, 20____.

Applicant

NO: _____

**THE STATE OF TEXAS FOR THE
BEST INTEREST AND PROTECTION OF**

(INITIALS ONLY)

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

On the _____ day of _____, 20____, before the undersigned authority, personally appeared the undersigned Applicant, an adult person, who made Application for the Emergency Apprehension and Detention for _____ (Proposed Patient).

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 name person evidences mental illness for the following reason(s): _____

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

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 said person. Specify nature of relationship: _____
Any further information that is applicable is attached.

I under oath do swear and depose that the foregoing Application has been read and that all facts stated therein are true and correct.

Applicant

NOTARY PUBLIC, STATE OF TEXAS

COUNTY

MY COMMISSION EXPIRES: _____