

NO. _____

THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

APPLICATION FOR EMERGENCY APPREHENSION AND DETENTION

Name of person for whom Detention is sought: _____

Address: _____

Race _____ Sex M / F AGE _____ DOB _____

Ht. _____ Wt. _____ Hair _____ Eyes _____
(color & length) (color)

On the _____ day _____, 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 by 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: _____

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.

Name of Affiant: _____

Address: _____

Phone: Home _____ Cell _____ Work _____

AFFIANT/APPLICANT

THE STATE OF TEXAS
COUNTY OF WALLER

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.

AFFIANT/APPLICANT

SUBSCRIBED and SWORN BEFORE ME this _____ day of _____, 20____, to certify which witness my hand and seal of office.

JUSTICE OF THE PEACE, PRECINCT 3
WALLER COUNTY