

F23 Application for Modification - In-Patient to Out-Patient or Change of Programs

NO. _____



THE STATE OF TEXAS
FOR THE BEST INTEREST
AND PROTECTION OF

Comes now _____ who states under oath as follows:

1. That on the ____ day of _____, 20____, a judgement was signed requiring _____ to submit to Court-Ordered Mental Health Services on an In-Patient basis for a period of no more than _____ days.

2. That it has become necessary to seek a Modification of the Court's original orders and/or treatment plan for the following specific reasons:

Out-Patient Clinic _____
Address of Clinic _____
Responsible Person _____

3. That the applicant is requesting the Court to act as follows:

(a) Modify its Order of In-Patient Treatment to permit Out-Patient treatment; or

(b) Modify its Order as to the general program of treatment;

Patient may be found at _____ in the city of _____, Harris County, Texas

Applicant's signature

Title

Address

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing, and who being by me first duly sworn, on his/her oath made the above and foregoing statements for the purpose therein expressed evidencing the same by his/her signature, to certify which I have affixed my hand and seal of office, this the ____ day of _____, 20____.

Notary Public in and for the State of Texas