

**REQUEST FOR PATIENT TRANSFER  
TO A STATE FACILITY**

Honorable Judge Presiding  
Probate Court  
P.O. Box 20249  
2800 South MacGregor Way  
Houston, Texas 77225-0249

Cause Number: \_\_\_\_\_

Date of Commitment: \_\_\_\_\_

Dear Judge:

After consideration of the least restrictive appropriate treatment alternatives available in Harris County at this time, it is my opinion that \_\_\_\_\_ is in need of longer term in-patient treatment at a State facility. I am requesting the transfer of this patient from \_\_\_\_\_ to \_\_\_\_\_ according to Section 575.011 of the Texas Mental Health Code.

The reason I am requesting transfer is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator or Designee

\_\_\_\_\_  
Date

White - Court  
Yellow - Medical Record