

**MENTAL HEALTH SERVICES
INVOLUNTARY ADMISSION TO INPATIENT FACILITY**

Offender Name: _____ DOB: _____ TDCJ # _____

Your psychiatrist has recommended that you be admitted to an inpatient psychiatric care facility within the Texas Department of Criminal Justice. Because you are opposed to this decision, your case will be reviewed by another psychiatrist, _____. This hearing will be held on _____ (Date) at _____ (Time).

As your advocate, I will aid you in representing your reasons for opposing admission and help you to understand the admission process.

By signing below, you are acknowledging notification of your admission review hearing and the name of your patient advocate,

_____.

Signature

Date

refuses to sign

unable to sign

Patient Advocate Signature

Date