**CAUSE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STATE OF TEXAS § IN THE JUSTICE COURT

§

v. § PRECINCT \_\_\_\_

§

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

Defendant § \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS

**RELEASE ON PERSONAL BOND FOR MENTAL HEALTH TREATMENT**

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, Defendant appeared before me as a magistrate on the offense of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The court **FINDS** that **all** of the following apply in this case:

* Defendant is not charged with and has never been convicted of a violent offense, as defined by the Code of Criminal Procedure Art. 17.032.
* Defendant has been examined by the service provider that contracts with the jail to provide mental health or intellectual and developmental disability services, the local mental health authority (LMHA), the local intellectual and developmental disability authority (LIDDA), or another qualified mental health or intellectual and developmental disability expert.
* The applicable expert or authority, in a written report, has concluded that the defendant has a mental illness or is a person with an intellectual disability and is nonetheless competent to stand trial, and recommended mental health treatment or intellectual and developmental disability services for Defendant, as applicable.
* In consultation with the LMHA or LIDDA, that appropriate community-based mental health or intellectual and developmental disability services for Defendant are available.
* After considering all the circumstances, a pretrial risk assessment, if applicable, and any other credible information provided by the attorney representing the state or Defendant, that release on personal bond would reasonably ensure Defendant's appearance in court as required and the safety of the community and the victim of the alleged offense.

This obligation remains in full effect until the court disposes of this charge and discharges Defendant. Additional conditions of release:

* Submit to outpatient or inpatient mental health treatment or intellectual and developmental disability services as recommended by the service provider that contracts with the jail to provide mental health or intellectual and developmental disability services, the LMHA, the LIDDA, or another qualified mental health or intellectual and developmental disability expert.
* Other *(see attached Bond Condition order if necessary)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The personal bond fee authorized by Code of Criminal Procedure Art. 17.42 is:

* Waived.
* Assessed in the amount of $\_\_\_\_\_\_\_ and **ORDERED** to be paid as costs of court.
* Assessed in the amount of $\_\_\_\_\_\_\_ and **ORDERED** to be paid as a condition of bond.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Defendant in the above cause, acknowledge that I have been charged with the offense indicated above. I enter into this bond freely and voluntarily.

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

Signature of Defendant

|  |  |
| --- | --- |
| Defendant’s Name: | Defendant’s Address: |
| Defendant’s Telephone Number: | Date & Place of Defendant’s Birth: |
| Height: | Weight: |
| Hair Color: | Eye Color: |
| Driver’s License No. (and state of issuance): | Nearest Relative’s Name and Address: |

**TAKEN AND APPROVED** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

JUSTICE OF THE PEACE, PRECINCT\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, TEXAS