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

IN THE MATTER OF § IN THE JUSTICE COURT

 §

 §

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ § PRECINCT \_\_\_\_

DECEASED §

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

**ORDER OF TESTS TO IDENTIFY UNIDENTIFIED BODY**

This court has opened an investigation to determine the cause of death of an unidentified body *(or body part)* that was found at about ­\_\_\_\_\_\_\_\_.m. on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ County, Texas.

The deceased’s name and identity are unknown, and the deceased is described as follows *(include a description of the body by gender; race; approximate age; height; weight; color of hair, and eyes, and complexion; and any distinguishing marks or characteristics)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The court, after consulting with Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the county health officer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, County, and receiving the opinion and advice of said officer that it is advisable and necessary an

* Autopsy 🞐 Toxicology report 🞐 Other testing

be performed to determine the cause of death; the court **FINDS** that an

* Autopsy 🞐 Toxicology report 🞐 Other testing

is advisable and necessary, it is therefore **ORDERED** that the said county health officer of \_\_\_\_\_\_\_\_\_\_\_\_\_ County perform an

* Autopsy 🞐 Toxicology report 🞐 Other testing

on the deceased body in order to determine the cause and manner of death.

**ISSUED AND SIGNED** on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_**.**

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

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

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