

INDEX TO LITIGATION FORMS

- A. COVER LETTER TO DISTRICT CLERK
- B. APPLICATION FOR ORDERS FOR MANAGEMENT OF A PERSON WITH A COMMUNICABLE DISEASE AND MOTION FOR ORDER FOR PROTECTIVE CUSTODY (QUARANTINE PERSON)
- C. ORDER OF PROTECTIVE CUSTODY
- D. ORDER APPOINTING ATTORNEY, PROVIDING INSPECTION, NOTICE, AND SETTING PROBABLE CAUSE HEARING
- E. ORDER OF PROBABLE CAUSE FOR PROTECTIVE ORDER
- F. ORDER OF COMMITMENT ON APPLICATION FOR TEMPORARY MANAGEMENT OF PERSON WITH COMMUNICABLE DISEASE
- G. ORDER OF COMMITMENT ON APPLICATION FOR EXTENDED MANAGEMENT OF PERSON WITH COMMUNICABLE DISEASE
- H. CERTIFICATE OF DISCHARGE
- I. CONTINUING CARE PLAN
- J. APPLICATION FOR RENEWAL OF ORDERS FOR MANAGEMENT OF A PERSON WITH A COMMUNICABLE DISEASE AND MOTION FOR ORDER FOR PROTECTIVE CUSTODY
- K. APPLICATION INJUNCTIVE RELIEF FOR THE HEALTH AND SAFETY OF THE PUBLIC (QUARANTINE PROPERTY)
- L. ORDER FOR THE HEALTH AND SAFETY OF THE PUBLIC ENJOINING PERSON WHO OWNS OR CONTROLS CONTAMINATED PEOPERTY
- M. APPLICATION INJUNCTIVE RELIEF FOR THE HEALTH AND SAFETY OF THE PUBLIC (QUARANTINE OF COMMON CARRIERS AND PRIVATE CONVEYANCE)

- N. ORDER FOR THE HEALTH AND SAFETY OF THE PUBLIC ENJOINING THE OWNER, OPERATOR, OR AGENT IN CONTROL OF CONTAMINATED COMMON CARRIER OR PRIVATE CONVEYANCE
- O. HEALTH AUTHORITY ORDER – See page 11 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- P. HEALTH AUTHORITY'S AFFIDAVIT OF MEDICAL EVALUATION – See page 13 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- Q. COMMISSIONER'S DESIGNATION OF HEALTH FACILITY – See page 15 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- R. NOTICE TO PERSON WHO OWNS OR CONTROLS PROPERTY: QUARANTINE OF PROPERTY – See page 19 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- S. ORDER OF CONTROL MEASURES TO BE IMPOSED ON PROPERTY – See page 24 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- T. ORDER DECLARING AN AREA QUARANTINE – See page 31 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- U. ORDER FOR COLLECTION OF INFORMATION ON DETAINED COMMON CARRIER – See page 37 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- V. ORDER OF CONTROL MEASURE APPLIED TO COMMON CARRIER OR PRIVATE CONVEYANCE (INFECTED CARRIER)– See page 39 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.
- W. ORDER OF CONTROL MEASURE APPLIED TO COMMON CARRIER OR PRIVATE CONVEYANCE (CONTAMINATED CARGO)– See page 41 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comp/ogc/cdmanual.pdf.

X. ORDER OF CONTROL MEASURE APPLIED TO COMMON CARRIER OR PRIVATE CONVEYANCE (CARGO CONTROL MEASURE)– See page 43 in *Communicable Disease Control Measures in Texas* at www.dshs.state.tx.us/comprep/ogc/cdmanual.pdf.

Date: _____

_____, Dist. Clerk

_____ County Courthouse

RE: State of Texas and/or Texas Department of State Health Services for the Best Interest and Protection of [Insert Initials of Person].

Dear Mr/Ms. _____:

Enclosed for filing please find the original and one copy of the following:

1. Application for Orders for Management of a Person with a Communicable Disease and Motion for Order for Protective Custody with two attachments;
2. Commissioner's Designation of Health Facility;
3. Proposed Order of Protective Custody; and
4. Proposed Order Appointing Attorney, Providing Inspection, Notice, and Setting Probable Cause hearing

Please prepare the **service of citation** (for serving pleadings 1-2 above); **writ of attachment** (for serving order 3 above); and **notice of probable cause hearing** (first setting, for serving order 4 above).

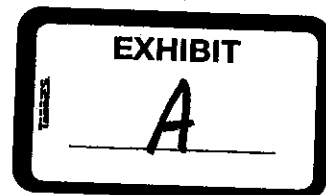
These are to be served on [Name of Person], a Person who resides or may be found at [Insert Person's Physical Location or Address]. I will obtain the judge's signature on the two proposed orders and bring the original signed orders back to you for attachment to the writ and notice. After service of process is ready, please call me at _____. I will then hand deliver these documents to the Sheriff's Office for service.

Thank you.

Very Truly Yours,

Counsel of Record

cc: General Counsel, TDSHS
[Insert name of Opposing Counsel of Record]



NO. _____

THE STATE OF TEXAS AND/OR	§	IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF	§	
STATE HEALTH SERVICES	§	
	§	_____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND	§	
PROTECTION OF _____	§	
<u>[Insert Person' s/Patient' s Initials]</u>	§	_____ JUDICIAL DISTRICT

**APPLICATION FOR ORDERS FOR MANAGEMENT
OF A PERSON WITH A COMMUNICABLE DISEASE AND
MOTION FOR ORDER FOR PROTECTIVE CUSTODY**

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW the State of Texas (the “ State of Texas” or the “ Health Authority”) and/or the Texas Department of State Health Services (the “ Department”), acting by and through [Insert name of Municipal, County, District or Attorney General], and files this application and motion for court orders. This application is filed in the public interest for the benefit of the public health and welfare as well as the individual interest for the benefit and protection of the person’ s/patient’ s health. This application is filed pursuant to the Communicable Disease Prevention and Control Act, TEX. HEALTH & SAFETY CODE § 81.001 *et seq.*, (Vernon’ s 2001 and Supp. 2005).

I. DISCOVERY, JURISDICTION, AND VENUE

1.1 This action is governed under Discovery Control Plan level II pursuant to TRCP Rule 190.3 but is subject to the disclosure requirements of TEX. HEALTH & SAFETY CODE § 81.156 and the time constraints for hearings for temporary management or



extended management under Tex. Health & Safety Code §§ 81.154 and 81.170.

- 1.2 This court has jurisdiction and venue pursuant to TEX. HEALTH & SAFETY CODE §§ 81.151 and 81.157, because the person/patient now resides, can be found in, or is receiving health services in _____ County.

II. PARTIES

- 2.1 The person/patient who is the subject of this application is referred to as “ [Insert Initials of the Person/Patient]” pursuant to TEX. HEALTH & SAFETY CODE § 81.152(a). [Insert initials of the Person/Patient] is also referred to as the “ person/patient” for purposes of this application and motion. The person/patient presently resides, can be found, or is receiving health services at [Insert complete address and County of residence].
- 2.2 This application and motion is filed at the request of the Department and/or the Health Authority.

III. FACTS

- 3.1 The Department and/or Health Authority has reasonable cause to believe that the person/patient is ill with, has been exposed to, or is the carrier of _____, which is a communicable disease that presents a threat to public health. An **AFFIDAVIT OF MEDICAL EVALUATION** for the person/patient, which contains the person’ s/patient’ s full name, address, and residence, is Attachment A and is incorporated as if fully set forth.

- 3.2 The person/patient is infected with or is reasonably suspected of being infected with a communicable disease that presents a threat to public health and the person/patient meets the criteria of Chapter 81 for court orders for the management of a person/patient with a communicable disease pursuant to TEX. HEALTH & SAFETY CODE § 81.152(c)(3). A written order was issued to the person/patient pursuant to TEX. HEALTH & SAFETY CODE § 81.083. A copy of the written order to the person/patient, which was signed and received by the person/patient, is referred to as the “**Department’s Order**” or the “**Health Authority’s Order**”, is Attachment B, and is incorporated as if fully set forth. The person/patient has failed or refused to comply with written orders of the Department or Health Authority.
- 3.3 Dr. _____, M.D. examined the person and instructed the person regarding measures to prevent the reinfection and spread of the disease and regarding the necessity of examination, treatment, or surveillance until the person is cured or free from infection, pursuant to TEX. HEALTH & SAFETY CODE § 81.083(a).
- 3.4 The Department’s or Health Authority’s Order is effective until the person/patient is no longer infected with this communicable disease or, in the case of a suspected disease, expiration of the longest usual incubation period for the disease. TEX. HEALTH & SAFETY CODE § 81.083(d).

3.5 Pursuant to TEX. HEALTH & SAFETY CODE § 81.083(f), the person/patient is responsible for the expense of the required medical care and treatment unless the person/patient can show the following:

(1) that the person/patient is indigent and without the financial means to pay for part or all of the required medical care or treatment; and

(2) that the person/patient is not eligible for benefits under an insurance contract, group policy, or prepaid health plan, or benefits provided by a federal, state, county, or municipal medical assistance program or facility.

3.6 If the person/patient can meet these two criteria, then the state may pay the medical expenses for the person/patient pursuant to TEX. HEALTH & SAFETY CODE § 81.083(h).

IV. NON-COMPLIANCE WITH WRITTEN ORDERS OF THE DEPARTMENT OR HEALTH AUTHORITY

4.1 The person/patient has not complied with the Department' s or Health Authority' s Order which is currently in effect. The facts which have been attested to in the affidavit of Dr. _____, M.D., Attachment A, provide evidence of the person' s/patient' s non-compliance with the Department' s or Health Authority' s Order.

4.2 On occasion, the person/patient has violated or failed to comply with the Department' s or Health Authority' s Order as follows: _____

4.3 Because the Department and/or Health Authority has reasonable cause to believe that the person/patient is ill with, has been exposed to, or is the carrier of _____, a communicable disease, and because of the person' s/patient' s actions as previously described, the person/patient has become, and is, an immediate threat to the public health as well as to himself/herself. The person/patient is therefore subject to orders from this court pursuant to TEX. HEALTH & SAFETY CODE §81.083(e).

V. APPLICATION FOR ORDER FOR TEMPORARY MANAGEMENT OF PERSON WITH COMMUNICABLE DISEASE

5.1 Based on all the previous allegations, the Department or Health Authority has reason to believe and does believe that the person/patient meets the criteria authorizing the court to order the temporary management of a person/patient with a communicable disease, as set out in TEX. HEALTH & SAFETY CODE § 81.172. This belief is derived from the representations of a credible person as set out in Attachment A and the conduct of the person/patient.

5.2 The facts which will be shown at a hearing on this application will lead the court to determine that:

- (1) the patient is infected with a communicable disease that presents a threat to the public health and that the person/patient has failed to follow the orders of the Department or Health Authority;
- (2) as a result of this communicable disease, the person/patient is likely to cause serious harm to himself/herself, or will, if not examined, observed, isolated, or treated, continue to endanger public health; and

(3) that examination, treatment, or surveillance of the person' s/patient' s condition is necessary to protect the person/patient from himself/herself and to protect the public health.

5.2 The Department or Health Authority asks the court to set this application for hearing and then to issue an order pursuant to TEX. HEALTH & SAFETY CODE §§ 81.151-154, 81.172.

VI. APPLICATION FOR ORDER FOR EXTENDED MANAGEMENT OF PERSON WITH COMMUNICABLE DISEASE

6.1 Based on all the previous allegations, the Department or Health Authority has reason to believe and does believe that the person/patient meets the criteria authorizing the court to order the extended management of a person with a communicable disease, as set out in TEX. HEALTH & SAFETY CODE § 81.173.

This belief is derived from the representations of a credible person as set out in Attachment A and the conduct of the person/patient.

6.2 The facts which will be shown at a hearing on this application will lead the court to determine that:

(1) the person/patient is infected with a communicable disease that presents a threat to the public health and that the patient has failed to follow the orders of the Department or Health Authority;

(2) as a result of this communicable disease, the person/patient is likely to cause serious harm to himself/herself, or will, if not examined, observed, isolated, or treated, continue to endanger public health; and

(3) examination, treatment, or surveillance of the person' s/patient' s condition

is necessary to protect the person/patient from himself/herself and to protect the public health because the person' s/patient' s condition is expected to continue for more than ninety days.

- 6.3 The Department or Health Authority asks the court to set this application for hearing and then to issue an order pursuant to TEX. HEALTH & SAFETY CODE §§ 81.151-154, 81.173.

VII. MOTION FOR ORDER OF PROTECTIVE CUSTODY

- 7.1 In addition to the foregoing Application for Court Orders for the Management of a Person/Patient with a Communicable Disease, the Department or State of Texas also files this Motion for an Order of Protective Custody pursuant to TEX. HEALTH & SAFETY CODE § 81.161.
- 7.2 Based on all of the previous allegations, the Department or Health Authority has reason to believe and does believe that the person/patient meets the criteria authorizing the court to issue an order for Protective Custody of the person/patient. This belief is derived from the representations of a credible person as set out in Attachment A, the conduct of the person/patient who is the subject of this motion, and the circumstances under which the person/patient is found.
- 7.3 The Department or State of Texas would respectfully show the court that upon the basis of the information in this Application and Affidavit of Medical Evaluation, it may fairly determine and conclude:
- (1) that the Department or Health Authority has stated its opinion, along with a

detailed basis for its opinion that the person/patient is infected with or is reasonably suspected of being infected with _____, a communicable disease, that presents an immediate threat to the public health; and

(2) that the person/patient has failed or refused to follow the orders of the Department or Health Authority which were duly issued pursuant to TEX. HEALTH & SAFETY CODE § 81.083.

7.4 The conclusions and beliefs of the Department or Health Authority are adequately supported by the information presented by affidavit and the court may issue an order for protective custody based on this information alone; however, if deemed necessary by the Court, it may receive further evidence pursuant to TEX. HEALTH & SAFETY CODE § 81.162.

VIII. PRAYER

8.1 The State of Texas and the Texas Department of Health respectfully request this court to issue an *ex parte* order for protective custody:

- (1) allowing for the immediate apprehension of the person/patient for treatment;
- (2) directing a peace officer or other designated person to take the person/patient into protective custody and to immediately transport such person/patient to an appropriate health facility that has been designated by the Department or Health Authority as a suitable place. The **Commissioner's Designation of Health Facility** is attached hereto as Attachment C; and
- (3) directing the peace officer or other designated person to legally detain the

person/patient pending a probable cause hearing or further orders of this Court.

8.2 Applicants also request that within twenty-four hours of the filing of this application, this court issue an order appointing an attorney to represent the person/patient pursuant to TEX. HEALTH & SAFETY CODE § 81.164.

8.3. Additionally, applicants request that this court set this application for hearing and thereafter that it issue an order for temporary or extended management of the person/patient that:

(1) remands the person/patient an appropriate health facility that has been designated by the Department or Health Authority as a suitable place for examination, observation, isolation, detention, and treatment; and

(2) detains the person/patient until such time as the person's/patient's communicable disease is cured, but not later than one year from the date of the order.

Respectfully submitted,

VERIFICATION

On this day appeared before me Dr. _____, M.D. Dr. _____
_____ is the representative for the Texas Department of State Health Services or Health
Authority in this matter. He/She appeared before me, the undersigned notary public, and
after I administered an oath to him, he/she said that he/she had read the foregoing
Application for Orders for Management of a Person with a Communicable Disease and
Motion for Order for Protective Custody and that upon his/her personal knowledge, the
facts described in it are true and correct.

DR. _____, M.D.

SWORN TO and SUBSCRIBED before me on this the ____ day of _____,
20__.

NOTARY PUBLIC in and for
The State of Texas
My Commission expires: _____

NO. _____

THE STATE OF TEXAS AND/OR	§	IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF	§	
STATE HEALTH SERVICES	§	
	§	_____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND	§	
PROTECTION OF _____	§	_____ JUDICIAL DISTRICT

ORDER OF PROTECTIVE CUSTODY

TO: Honorable _____, Sheriff of _____ County

TO: Dr. _____, M.D.

WHEREAS, an Application for Court Orders For The Management Of A Person With A Communicable Disease for [Insert Initial of Person/Patient], hereinafter called the "Person/Patient," is pending in the above-referenced Court, and there also having been filed, either on the Court's own motion or by the appropriate representative of the Texas Department of State Health Services or the Health Authority, a Motion for an Order of Protective Custody, accompanied by an Affidavit of Medical Evaluation;

AND WHEREAS the Court has considered said Application, Motion, and Affidavit, and taken further evidence, if any was needed for a fair determination of the matter, and has resolved that the conclusions and beliefs of the Texas Department of State Health Services or the Health Authority are adequately supported by the information presented;

AND WHEREAS the Court has thereby determined that the Texas Department of State Health Services or the Health Authority have stated their opinions, and the detailed



basis for their opinion that the Person/Patient is infected with or is reasonably suspected of being infected with a communicable disease that presents a threat to the public health and has failed or refused to follow the orders of the Health Authority or the Texas Department of State Health Services, and has further determined that said Person/Patient presents a substantial risk of serious harm to self or others if not immediately restrained pending a hearing on probable cause;

NOW THEREFORE, you are hereby ORDERED to take the person of the Person/Patient into Protective Custody and immediately transport such person to _____

_____, an appropriate health facility that has been designated by the Texas Department of State Health Services or Health Authority as a suitable place for examination, observation, isolation, detention, and treatment, where said Person/Patient is to be detained according to law, pending a Probable Cause Hearing or upon further Order of the Court.

HEREIN FAIL NOT, but of this Order make due return to said Court showing how you have executed the same.

GIVEN UNDER MY HAND this ____ day of _____, 20__ at _____ o'clock __ m.

JUDGE PRESIDING

CERTIFICATE OF EXECUTION

This is to certify that I, _____, a certified peace officer designated by the _____ County Sheriff to execute this order, did receive this order on _____, 20__ at _____ o'clock ___ M. and that I then apprehended and detained the said Person/Patient on _____, 20__ at _____ O'CLOCK ___ M., at the following location: _____, and that I then transported him/her to _____ located at _____ and left him/her at this facility.

Peace Officer

CERTIFICATE OF DETENTION AND CUSTODY

This is to certify that I, _____, of _____, did receive custody of the said Person/Patient on _____, 20__ at _____ O'CLOCK ___ M.

Signature: _____

Printed Name: _____

Title: _____

NO. _____

THE STATE OF TEXAS AND/OR	§	IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF	§	
STATE HEALTH SERVICES	§	
	§	_____ COUNTY, TEXAS
FOR THE BEST INTEREST AND	§	
PROTECTION OF _____	§	_____ JUDICIAL DISTRICT

**ORDER APPOINTING ATTORNEY, PROVIDING INSPECTION,
NOTICE, AND SETTING PROBABLE CAUSE HEARING**

On this the ___ day of _____, 20___, came on for hearing the Department's or Health Authority's Application for Orders For Management Of A Person With A Communicable Disease and Motion for Protective Order for the person/patient. The application and motion being accompanied by an Affidavit of Medical Evaluation which contains a requisite description of facts;

IT IS THEREFORE ORDERED:

1. That _____ is appointed Attorney to represent [*Insert Initials of Person/Patient*], the person/patient; that said attorney shall be furnished with all records and papers in this cause and shall have access to all hospital and doctor's records in this cause; and that to ensure effective communication between said attorney and the person/patient, any necessary interpreters be likewise appointed;

2. That a "probable cause" hearing regarding the motion for protective custody be held on _____, 20__ at _____ o'clock ___ m.;

3. That the Application for Temporary or Extended Management is hereby set for NON-JURY/JURY trial on _____, 20__ at _____ o'clock ___



m., said date to be within 14 days of the date that the Application is filed; and

4. That the clerk of the Court shall issue a Notice of Hearing(s) to the person/patient, who shall be personally served with copies of the Application and Affidavit and the Order of Protective Custody, as soon as possible within a reasonable time prior to the probable cause hearing.

Signed this _____ day of _____, 20__ at _____ o'clock __ m..

JUDGE PRESIDING

NO. _____

THE STATE OF TEXAS AND/OR § IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF §
STATE HEALTH SERVICES §
§ _____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND §
PROTECTION OF _____ §
[Insert Initials of Person/Patient] § _____ JUDICIAL DISTRICT

ORDER OF PROBABLE CAUSE HEARING

On this the ___ day of _____, 20___, the court heard evidence concerning the need for protective custody of [*Insert Initials of Person/Patient*] (hereafter referred to as the person/patient). The person/patient was given the opportunity to challenge the allegations that he/she presents a substantial risk of serious harm to self or the public.

The person/patient and his/her attorney _____ have been given written notice that the person/patient was placed under an order of protective custody and the reasons for such order on _____, 20 ___.

I have examined the Affidavit of Medical Evaluation and other evidence. Based on this evidence, I find that there is probable cause to believe that the person/patient presents a substantial risk of serious harm to himself/herself (yes ___ or no ___) or the public (yes ___ or no ___) such that he/she cannot be at liberty pending final hearing because he/she is infected with, or is reasonably suspected of being infected with, a communicable disease that presents an immediate threat to the public health. I also find that the person/patient has failed or refused to comply with the orders of the Texas Department of State Health Services or the Health Authority, delivered to the



person/patient on _____, 20__.

SIGNED this _____ day of _____, 20__ at _____ o' clock __ m.

JUDGE PRESIDING

NO. _____

THE STATE OF TEXAS AND/OR	§	IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF	§	
STATE HEALTH SERVICES	§	
	§	_____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND	§	
PROTECTION OF _____	§	
[Insert Initials of Person/Patient]	§	_____ JUDICIAL DISTRICT

**ORDER OF COMMITMENT ON APPLICATION FOR TEMPORARY
MANAGEMENT OF PERSON WITH COMMUNICABLE DISEASE**

On this the _____ day of _____, 20__, came on to be heard the above-entitled and numbered cause. Applicants, the State of Texas (the "State of Texas" or the "Health Authority") and/or the Texas Department of State Health Services (the "Department"), appeared by their attorneys of record and announced ready for trial, and [Insert Initials of Person/Patient], the Person/Patient, currently located at _____, appeared in person and by attorney of record and announced ready for trial. A jury having been requested (YES)/(NO) formally waived in writing (YES)/(NO), all matters of fact and things in controversy were submitted to the Court (YES)/(NO) jury (YES)/NO).

Having considered said Application, Motion, Affidavit, argument of counsel, and taken further evidence provided by competent medical testimony for a fair determination of the matter, the Court/Jury has found that, on the basis of clear and convincing evidence:

1. The Person/Patient is infected with _____,



a communicable disease, that presents a threat to the public health and has failed or refused to follow the orders of the Department or Health Authority; and

2. As a result of the communicable disease the Person/Patient is likely to cause serious harm to himself/herself and the public; and

3 The Person/Patient is in need of examination, observation, detention, isolation or treatment at _____, an appropriate health facility that has been designated by the Texas Department of State Health Services or Health Authority as a suitable place.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. Person/Patient shall be detained for examination, observation, detention, isolation or treatment at _____, an appropriate health facility that has been designated by the Texas Department of State Health Services or Health Authority as a suitable place for a ____ month period commencing on _____, when the application was filed, and to end on _____, under Court Order for the temporary management of a person with a communicable disease pursuant to TEX. HEALTH & SAFETY CODE § 81.172. Person/Patient may be released earlier upon the request of the Texas Department of State Health Services, Health Authority, or upon further Order of the Court.

2. The Department or Health Authority shall allow Person/Patient to enjoy certain freedoms currently allowed to all residents of the designated health facility. The

Department or Health Authority may impose necessary restrictions if Person/Patient fails or refuses to take his/her medications, threatens or attempts to leave against medical advice, or threatens or attempts to cause any breaches to the security or peace and tranquility of the designated health facility.

SIGNED this ___ day of _____, 20___ at _____ o' clock ___ m.

JUDGE PRESIDING

NO. _____

THE STATE OF TEXAS AND/OR	§	IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF	§	
STATE HEALTH SERVICES	§	
	§	_____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND	§	
PROTECTION OF _____	§	
[Insert Initials of Person/Patient]	§	_____ JUDICIAL DISTRICT

**ORDER OF COMMITMENT ON APPLICATION FOR EXTENDED
MANAGEMENT OF PERSON WITH COMMUNICABLE DISEASE**

On this the _____ day of _____, 20____, came on to be heard the above-entitled and numbered cause. Applicants, the State of Texas (the "State of Texas or the Health Authority") and the Texas Department of State Health Services (the "Department"), appeared by their attorneys of record and announced ready for trial, and [Insert Initials of Person/Patient], the Person/Patient, currently located at _____, appeared in person and by attorney of record and announced ready for trial. A jury having been requested (YES)/(NO) formally waived in writing (YES)/(NO), all matters of fact and things in controversy were submitted to the Court (YES)/(NO) jury (YES)/(NO).

Having considered said Application, Motion, Affidavit, argument of counsel, and taken further evidence provided by competent medical testimony for a fair determination of the matter, the Court/Jury has found that, on the basis of clear and convincing evidence:

1. The Person/Patient is infected with _____.



a communicable disease, that presents a threat to the public health and has failed or refused to follow the orders of the Department or Health Authority; and

2. As a result of the communicable disease the Person/Patient is likely to cause serious harm to himself/herself or the public; and

3. The condition of the Person/Patient is expected to continue for more than ninety (90) days; and

4. The Person/Patient is in need of examination, observation, detention, isolation or treatment at _____, an appropriate health facility that has been designated by the Texas Department of State Health Services or Health Authority as a suitable place.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. Person/Patient shall be detained for examination, observation, detention, isolation or treatment at _____, an appropriate health facility that has been designated by the Texas Department of State Health Services or Health Authority as a suitable place for a ____ month period commencing on _____, when the application was filed, and to end on _____, under Court Order for the extended management of a person with a communicable disease pursuant to TEX. HEALTH & SAFETY CODE § 81.173.

Person/Patient may be released earlier upon the request of the Texas Department of State Health Services, Health Authority, or upon further Order of the Court.

2. The Department or Health Authority shall allow Person/Patient to enjoy certain freedoms currently allowed to all residents of the designated health facility. The Department or Health Authority may impose necessary restrictions if Person/Patient fails or refuses to take his/her medications, threatens or attempts to leave against medical advice, or threatens or attempts to cause any breaches to the security or peace and tranquility of the designated health facility.

SIGNED this ___ day of _____, 20___ at _____ o' clock ___ m.

JUDGE PRESIDING

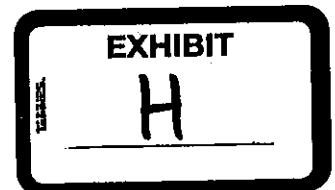
NO. _____

THE STATE OF TEXAS AND/OR § IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF §
STATE HEALTH SERVICES §
§ _____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND §
PROTECTION OF _____ §
[Insert Initials of Person/Patient] § _____ JUDICIAL DISTRICT

CERTIFICATE OF DISCHARGE

I, Dr. _____, M.D., [Insert Title], **HEREBY DISCHARGE**
[Insert Initials of Person/Patient], the person/patient, from inpatient/outpatient care. The person/patient is the subject of an order of the Court in the above referenced cause. This Discharge Certificate is issued and filed with the court pursuant to TEX. HEALTH & SAFETY CODE § 81.197. A copy of this certificate is being retained by me. I am authorized to make the following determinations for and on behalf of the Texas Department of State Health Services or the Health Authority. All applicable statements are initialed by me according to the circumstances of the discharge, as follows:

1. _____ The person/patient is discharged pursuant to TEX. HEALTH & SAFETY CODE § 81.195, because the court order committing this patient to the facility has expired.
2. _____ The person/patient is discharged pursuant to TEX. HEALTH & SAFETY CODE § 81.196(a)(c) before the court order has expired because I have determined that the person/patient no longer meets the criteria for court-ordered health services. This discharge terminates the court order issued in the above referenced cause.
3. _____ It is my professional determination and request that the COURT SHOULD



ISSUE A NEW ORDER directing the person/patient to participate in outpatient health services from the _____ [The Provider]. I make this request pursuant to TEX. HEALTH & SAFETY CODE § 81.196(b)(1). The attorney of record for the Department or Health Authority will file a motion and set it for hearing.

4. _____ It is my professional determination and request that the COURT SHOULD MODIFY THE EXISTING ORDER in this cause directing the person/patient to participate in outpatient health services from the _____ [the Provider]. I make this request pursuant to TEX. HEALTH & SAFETY CODE §§ 81.196(b)(2);81.182. The attorney of record for the Department or Health Authority will file a motion and set it for hearing.

5. _____ It is my professional determination that the person/patient requires continuing care. The person/patient has been provided with the attached **Continuing Care Plan** which has been prepared in consultation with the person/patient prior to the person's/patient's discharge, as required by the TEX. HEALTH & SAFETY CODE § 81.192.

Dr. _____, M.D.
Title: _____
Address: _____

Signed in _____ County, Texas, the ____ day of _____, 20____, in my capacity as an authorized representative of the Texas Department of State Health Services of the Health Authority.

CONTINUING CARE PLAN

TEXAS HEALTH AND SAFETY CODE § 81.192

Date: _____

TO: *[Insert Initials of Person/Patient]*,

FROM: _____, M.D.

Title: _____

This is to advise you that the court order by which you were committed to this facility for examination, observation, isolation, detention or treatment of a communicable disease will be terminated in accordance with TEX. HEALTH & SAFETY CODE § 81.196.

In preparation for your discharge, you consulted with your physician, Dr. _____ on _____, 20__ regarding the appropriate continuing care plan for you.

The continuing care plan prescribed for you is as follows: _____

_____. Otherwise, no further directly observed continuing care will be required after the discharge unless you are notified by me.

Dr. _____, M.D.

Title: _____

Address: _____

I, *[Insert Initials of Person/Patient]*, hereby acknowledge that, as set out above, I was consulted in preparing this continuing care plan and that I was given a copy of this plan on this day.

Person/Patient



NO. _____

THE STATE OF TEXAS AND/OR	§	IN THE DISTRICT COURT
THE TEXAS DEPARTMENT OF	§	
STATE HEALTH SERVICES	§	
	§	_____ COUNTY, TEXAS
IN RE THE BEST INTEREST AND	§	
PROTECTION OF _____	§	
<u>[Insert Person' s/Patient' s Initials]</u>	§	_____ JUDICIAL DISTRICT

**APPLICATION FOR RENEWAL OF ORDERS FOR MANAGEMENT
OF A PERSON WITH A COMMUNICABLE DISEASE**

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW the State of Texas (the “ State of Texas” or the “ Health Authority” and/or the Texas Department of State Health Services (the “ Department”), acting by and through [Insert name of Municipal, County, District or Attorney General], and files this renewal application for court orders. This application is filed in the public interest for the benefit of the public health and welfare as well as the individual interest for the benefit and protection of the person’ s/patient’ s health. This application is filed pursuant to the Communicable Disease Prevention and Control Act, TEX. HEALTH & SAFETY CODE § 81.001 *et seq.*, (Vernon’ s 2001 and Supp. 2005).

I. DISCOVERY, JURISDICTION, AND VENUE

1.1 This action is governed under Discovery Control Plans level II pursuant to TRCP Rule 190.3 but is subject to the disclosure requirements of TEX. HEALTH & SAFETY CODE § 81.156 and the time constraints for hearings for temporary management or extended management under Tex. Health & Safety Code §§ 81.154 and 81.170.



1.2 This court has jurisdiction and venue pursuant to TEX. HEALTH & SAFETY CODE §§ 81.151 and 81.157, because the person/patient now resides, can be found in, or is receiving health services in _____ County.

II. PARTIES

2.1 The person/patient who is the subject of this application is referred to as “ [Insert Initials of the Person/Patient]” pursuant to TEX. HEALTH & SAFETY CODE § 81.152(a). [Insert initials of the Person/Patient] is also referred to as the “ person/patient” for purposes of this application and motion. The person/patient presently resides, can be found, or is receiving health services at [Insert complete address and County of residence]. The person/patient is subject to an Order for Extended Management of a Person with a Communicable Disease issued in **The State of Texas or the Texas Department of State Health Services In Re the Best Interest and Protection of [Insert Initials of Person/Patient]**, Cause No. _____, In the _____ Judicial District Court, _____ County, Texas. See Attachment A.

2.2 This application and motion is filed at the request of the Department and/or the Health Authority.

III. FACTS

3.1 The Department or Health Authority has reasonable cause to believe that the person/patient is ill with, has been exposed to, or is the carrier of _____

_____, which is a communicable disease that presents a threat to public health. An **AFFIDAVIT OF MEDICAL EVALUATION** for the person/patient, which contains the person's/patient's full name, address, and residence, is Attachment B and is incorporated as if fully set forth.

3.2 The person/patient is infected with or is reasonably suspected of being infected with a communicable disease that presents a threat to public health and the person/patient meets the criteria of Chapter 81 for court orders for the management of a person/patient with a communicable disease pursuant to TEX. HEALTH & SAFETY CODE § 81.152(c)(3). A written order was issued to the person/patient pursuant to TEX. HEALTH & SAFETY CODE § 81.083. A copy of the written order to the person/patient, which was signed and received by the person/patient, is referred to as the "**Department's Order**" or the "**Health Authority's Order**", is Attachment C, and is incorporated as if fully set forth. The person/patient fails or refuses to comply with written orders of the Department or Health Authority.

3.3 Dr. _____, M.D. examined the person and instructed the person regarding measures to prevent the reinfection and spread of the disease and regarding the necessity of treatment until the person is cured or free from infection, pursuant to TEX. HEALTH & SAFETY CODE § 81.083(a).

3.4 The Department's or Health Authority's Order is effective until the person/patient is no longer infected with this communicable disease or, in the case of a suspected

disease, expiration of the longest usual incubation period for the disease . TEX. HEALTH & SAFETY CODE § 81.083(d).

3.5 Pursuant to TEX. HEALTH & SAFETY CODE § 81.083(f), the person/patient is responsible for the expense of the required medical care and treatment unless the person/patient can show the following:

(1) that the person/patient is indigent and without the financial means to pay for part or all of the required medical care or treatment; and

(2) that the person/patient is not eligible for benefits under an insurance contract, group policy, or prepaid health plan, or benefits provided by a federal, state, county, or municipal medical assistance program or facility.

3.6 If the person/patient can meet these two criteria, then the state may pay the medical expenses for the person/patient pursuant to TEX. HEALTH & SAFETY CODE § 81.083(h).

**IV. NON-COMPLIANCE WITH WRITTEN ORDERS
OF THE DEPARTMENT OR HEALTH AUTHORITY**

4.1 The person/patient has not complied with the Department' s or Health Authority' s Order which is currently in effect. The facts which have been attested to in the affidavit of Dr. _____, M.D., Attachment B, provide evidence of the person' s/patient' s non-compliance with the Department' s or Health Authority' s Order.

4.2 On occasion, the person/patient has violated or failed to comply with the Department' s or Health Authority' s Order as follows: _____

_____.

4.3 Because the person/patient reasonable cause to believe that the person/patient is ill with, has been exposed to, or is the carrier of _____, a communicable disease, and because of the person' s/patient' s actions as previously described, the person/patient has become, and is, an immediate threat to the public health as well as to himself/herself. The person/patient is therefore subject to orders from this court pursuant to TEX. HEALTH & SAFETY CODE § 81.083(e).

V. APPLICATION FOR RENEWAL OF EXISTING ORDERS

5.1 Based on all the previous allegations, the Department or Health Authority has reason to believe and does believe that the person/patient meets the criteria authorizing the court to renew the order for the extended management of a person/patient with a communicable disease, as set out in TEX. HEALTH & SAFETY CODE § 81.187. This belief is derived from the representations of a credible person as set out in Attachment B and the conduct of the person/patient.

5.2 The facts which will be shown at a hearing on this application will lead the court to determine that:

- (1) the person/patient is infected with a communicable disease that presents a threat to the public health and that the person/patient has failed to follow the orders of the Department or Health Authority;
- (2) as a result of this communicable disease, the person/patient is likely to cause

serious harm to himself/herself, or will, if not examined, observed, isolated, or treated, continue to endanger public health;

(3) that examination, treatment, or surveillance of the person' s/patient' s condition is necessary to protect the person/patient from himself/herself and to protect the public health; and

(4) the person' s/patient' s condition is expected to continue for more than ninety days.

5.3 The Order for Extended management which is currently in effect and shown in Attachment A, will expire on _____.

5.4 The Department or Health Authority requests renewal because [Explain in detail why renewal is requested]

5.5 A less restrictive setting is not appropriate because [Explain in detail why a less restrictive setting is not appropriate]

5.6 The Department or Health Authority asks the court to set this application for hearing and then to issue an order pursuant to TEX. HEALTH & SAFETY CODE § 81.187.

VI. PRAYER

6.1 Applicants request that within twenty-four hours of the filing of this application, this court issue an order appointing an attorney to represent the person/patient pursuant to TEX. HEALTH & SAFETY CODE § 81.164.

6.2. Additionally, applicants request that this court set this application for hearing and

thereafter that it issue an renewal order for extended management of the person/patient that:

(1) remands the person/patient an appropriate health facility that has been designated by the Department or Health Authority as a suitable place for examination, observation, isolation, detention, and treatment. The

Commissioner' s Designation of Health Facility is attached hereto as Attachment D; and

(2) detains the person/patient until such time as the person' s/patient' s communicable disease is cured, but not later than one year from the date of the renewal order.

Respectfully submitted,

VERIFICATION

On this day appeared before me Dr. _____, M.D. Dr. _____
_____ is the representative for the Texas Department of State Health Services or Health
Authority in this matter. He/She appeared before me, the undersigned notary public, and
after I administered an oath to him, he/she said that he/she had read the foregoing
Application for Renewal of Orders for Management of a Person with a Communicable
Disease and that upon his/her personal knowledge, the facts described in it are true and
correct.

DR. _____, M.D.

SWORN TO and SUBSCRIBED before me on this the ____ day of _____,
20__.

NOTARY PUBLIC in and for
The State of Texas
My Commission expires: _____

CAUSE NO. _____

THE STATE OF TEXAS AND/OR
THE TEXAS DEPARTMENT OF
STATE HEALTH SERVICES
Plaintiff,

§
§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

OF _____ COUNTY

v.

Defendant.

DISTRICT COURT

**APPLICATION FOR INJUNCTIVE RELIEF FOR
THE HEALTH AND SAFETY OF THE PUBLIC
(QUARANTINE OF PROPERTY)**

TO THE HONORABLE JUDGE OF SAID COURT:

The State of Texas and/or the Texas Department of State Health Services, by and through _____, and files this Application for Injunctive Relief for the Health and Safety of the Public pursuant to TEX. HEALTH & SAFETY CODE § 81.084 (Vernon's 2001 & Supp. 2005) as follows:

I. DISCOVERY

1.1 Applicant alleges that discovery is intended to be conducted under Level 2 of Rule 190. TEX. R. CIV. P. 190.1.

II. PARTIES

2.1 Applicant brings this suit to enjoin violations of and compel compliance with TEX. HEALTH & SAFETY CODE § 81.084 relating to the application of control measures to property.

2.2 The Texas Department of State Health Services (the "Department") and/or the Health



Authority has reasonable cause to believe that property in its jurisdiction is or may be infected or contaminated with a communicable disease. Further, the Applicant has reason to believe that the person who owns or controls the property has failed or refused to comply with the orders of Department and/or the Health Authority.

2.3 The Defendant or the "person" owns or controls the property located at _____ and may be served at _____.

III. JURISDICTION & VENUE

3.1 Jurisdiction is proper pursuant to the TEX. HEALTH & SAFETY CODE § 81.084(e) .

3.2 Venue is proper in _____ County pursuant to the TEX. HEALTH & SAFETY CODE § 81.084(e) .

IV. STATEMENT OF FACTS

4.1 On or about _____, the Department and/or the Health Authority placed the property, located at _____, in quarantine for a period of time necessary to conduct a medical examination or technical analysis of samples taken from the property to determine if the property is infected or contaminated. A copy of Quarantine Order is attached hereto as Exhibit A and fully incorporated herein for all purposes. See TEX. HEALTH & SAFETY CODE § 81.084(a) .

4.2 On or about _____, the Department and/or the Health Authority sent notice of its action by register or certified mail to the person who owns or controls the property located at _____. A copy of the Green Card is attached

hereto as Exhibit B and fully incorporated herein for all purposes. See TEX. HEALTH & SAFETY CODE § 81.084(b) .

4.3 On or about _____, the Department and/or the Health Authority posted notice of its action on the land located at _____ and on the courthouse door. A copy of the Notice is attached hereto as Exhibit C and fully incorporated herein for all purposes. See TEX. HEALTH & SAFETY CODE § 81.084(b).

4.4 On or about _____, the Department and/or the Health Authority found the property to be infected or contaminated. By written order, thereafter, the Department and/or the Health Authority required the person who owns or controls the property to impose control measures that are technically feasible to disinfect or decontaminate the property located at _____. A copy of the Written Order is attached hereto as Exhibit D and fully incorporated herein for all purposes. See TEX. HEALTH & SAFETY CODE § 81.084(c).

4.5 On or about _____, the Department and/or the Health Authority found that the control measures are ineffective or that there is not a technically feasible control measure available for use to disinfect or decontaminate the property located at _____ Pursuant to TEX. HEALTH & SAFETY CODE § 81.084(d), thereafter, the Department and/or the Health Authority continued the quarantine and ordered the person who owns or controls the property:

(1) to destroy the property, other than land, in a manner that disinfects or

decontaminates the property to prevent the spread of infection or contamination;
(2) if the property is land, to securely fence the perimeter of the land or any part of the land that is infected or contaminated; or
(3) to securely seal off an infected or contaminated structure or other property on land to prevent entry into the infected or contaminated area until the quarantine is removed by the Department and/or the Health Authority . A copy of the Order(s) is attached hereto as Exhibit E and fully incorporated herein for all purposes.

V. NON-COMPLIANCE WITH WRITTEN ORDERS OF THE DEPARTMENT OR HEALTH AUTHORITY

- 5.1 Applicant repeats and realleges paragraphs 1.1 through 4.5 above.
- 5.2 The person has not complied with the Department' s or Health Authority' s Order which is currently in effect. The facts which have been attested to in the affidavit of _____, provide evidence of the person' s non-compliance with the Department' s or Health Authority' s Order.
- 5.3 On occasion, the person has violated or failed to comply with the Department' s or Health Authority' s Order as follows: _____

_____.
- 5.4 Because the Department and/or Health Authority has reasonable cause to believe

that the property in its jurisdiction is or may be infected or contaminated with a communicable disease, and because the Department and/or Health Authority has reason to believe that the person who owns or controls the property has failed or refused to comply with the orders of Department and/or the Health Authority, the contaminated property has become, and is, an immediate threat to the public health and safety.

VI. REQUEST TEMPORARY INJUNCTIVE RELIEF

- 6.1 Applicant repeats and realleges paragraphs 1.1 through 5.4 above.
- 6.2 The Department and/or Health Authority request a temporary restraining order and/or temporary injunction order compelling the person who owns or controls the property to comply with the Communicable Disease Prevention and Control Act, TEX. HEALTH & SAFETY CODE § 81, and the orders of Department and/or the Health Authority pursuant to TEX. HEALTH & SAFETY CODE § 81.084(e-f).

VII. REQUEST FOR PERMANENT INJUNCTIVE RELIEF

- 7.1 Applicant repeats and realleges paragraphs 1.1 through 6.2 above.
- 7.2 Applicant further requests that upon final trial, the temporary injunction be made permanent pursuant to TEX. HEALTH & SAFETY CODE § 81.084(e-f).

VIII. REQUEST FOR ORDER FOR PAYMENT OF EXPENSES OF IMPLEMENTING CONTROL MEASURES

- 8.1 Applicant repeats and realleges paragraphs 1.1 through 7.2 above.
- 8.2 Applicant further requests an order requiring the person who owns or controls the

property to pay all expenses of implementing control measures, court costs, storage, and other justifiable expenses pursuant to TEX. HEALTH & SAFETY CODE § 81.084(g).

- 8.3 Applicant further requests an order requiring the person who owns or controls the property to pay or reimburse the cost of any control measures performed by the Department's or Health Authority's employees pursuant to TEX. HEALTH & SAFETY CODE § 81.084(i).

XIII. PRAYER

WHEREFORE, Applicant prays for the following relief:

1. That Defendant be cited to appear and answer herein;
2. That the court enter a temporary restraining order, without notice or with little notice to Defendant, for the above requested relief;
3. That upon notice and hearing, the court grant a temporary injunction against Defendant for the above requested relief;
4. That upon notice and hearing, the court grant orders for payment of expenses related to implementing control measures;
5. That upon notice and final hearing, the court grant a permanent injunction against Defendant for the above requested relief; and
6. That Applicant be awarded all such other and further relief, at law and in equity, to which it may show itself justly entitled.

Respectfully submitted,

VERIFICATION

THE STATE OF TEXAS
COUNTY OF _____

§
§

BEFORE ME, the undersigned authority, on this day personally appeared _____, who swore on oath the following:

1. "I am over 18 years of age. I have never been convicted of a crime, and I am competent to make this affidavit."

2. "I am currently employed as _____ with the Texas Department of State Health Services or the Health Authority, located at _____."

3. "I have read the foregoing petition, and have personal knowledge of the facts alleged in paragraph 4.1 through 5.4 which pertains to the quarantine of property located at _____" "These facts are true and correct."

AFFIANT

SWORN TO AND SUBSCRIBED before me on _____, 20__, to certify which, witness my hand and seal of office.

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

CAUSE NO. _____

THE STATE OF TEXAS AND/OR
THE TEXAS DEPARTMENT OF
STATE HEALTH SERVICES

Plaintiff,

v.

Defendant.

§
§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

OF _____ COUNTY

_____ DISTRICT COURT

**ORDER FOR THE HEALTH AND SAFETY OF
THE PUBLIC ENJOINING PERSON WHO OWNS
OR CONTROLS CONTAMINATED PROPERTY**

On this the _____ day of _____, 20__, came on to be heard the above-entitled and numbered cause. Applicants, the State of Texas (the "State of Texas or the Health Authority") and/or the Texas Department of State Health Services (the "Department"), appeared by their attorneys of record and announced ready for trial, and the Defendant, appeared in person or by attorney of record and announced ready for trial.

Having considered said Application, Motion, Affidavit, argument of the parties, and taken further evidence provided by competent medical testimony for a fair determination of the matter, the Court has found that, on the basis of clear and convincing evidence:

1. That the property located at _____ is or may be infected or contaminated with a communicable disease;
2. That the person who owns or controls the property has failed or refused to comply with the orders of Department and/or the Health Authority; and



3. That the contaminated property has become, and is, an immediate threat to the public health and safety.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. The person who owns or controls the property shall comply with the orders of Department and/or the Health Authority; and

2. Appropriate communicable disease control measures shall be imposed to (a) decontaminate or disinfect the property located at _____ and (b) to prevent the spread of a communicable disease from the property for the period commencing on _____, when the application was filed, and to end on _____ pursuant to TEX. HEALTH & SAFETY CODE § 81.084. The control measures to be imposed on the property include, but is not limited to, the following: (a) immunization, (b) detention, (c) restriction, (d) disinfection, (e) decontamination, (f) isolation, (g) quarantine, (h) disinfection, (i) chemoprophylaxis, (j) preventive therapy, (k) prevention, and education. See TEX. HEALTH & SAFETY CODE § 81.082. The property may be released earlier upon the request of the Texas Department of State Health Services, Health Authority, or upon further Order of the Court.

SIGNED this ___ day of _____, 20___ at _____ o' clock ___ m.

JUDGE PRESIDING

CAUSE NO. _____

THE STATE OF TEXAS AND/OR
THE TEXAS DEPARTMENT OF
STATE HEALTH SERVICES

Plaintiff,

v.

Defendant.

§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

OF _____ COUNTY

_____ DISTRICT COURT

APPLICATION FOR INJUNCTIVE RELIEF FOR
THE HEALTH AND SAFETY OF THE PUBLIC
(QUARANTINE OF COMMON CARRIER OR PRIVATE CONVEYANCE)

TO THE HONORABLE JUDGE OF SAID COURT:

The State of Texas and/or the Texas Department of State Health Services, by and through _____, and files this Application for Injunctive Relief for the Health and Safety of the Public pursuant to TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086 (Vernon's 2001 & Supp. 2005) as follows:

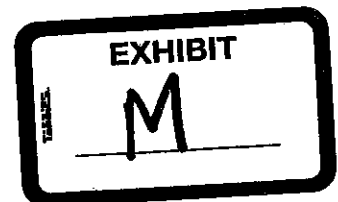
I. DISCOVERY

1.1 Applicant alleges that discovery is intended to be conducted under Level 2 of Rule 190, TEX. R. CIV. P. 190.1.

II. PARTIES

2.1 Applicant brings this suit to enjoin violations of and compel compliance with TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086 relating to the application of control measures to a common carrier or private conveyance.

2.2 The Defendant is the owner, operator, or authorized agent in control of the carrier or



conveyance described as _____ and located at _____. The Defendant may be served at _____.

2.3 The Texas Department of State Health Services (the “Department”) and/or the Health Authority has reasonable cause to believe that the common carrier or private conveyance described above has departed from or traveled through an area that is infected or contaminated with a communicable disease and (1) is or may be infected or contaminated with a communicable disease, (2) has cargo or an object on board that is or may be infected or contaminated with a communicable disease, or (3) has an individual on board who has been exposed to, or is the carrier of, a communicable disease. Further, the Applicant has reason to believe that the owner, operator, or authorized agent in control of the common carrier or private conveyance has failed or refused to comply with the orders of Department and/or the Health Authority.

III. JURISDICTION & VENUE

3.1 Jurisdiction is proper pursuant to the TEX. HEALTH & SAFETY CODE §§ 81.084(e) and 81.086.

3.2 Venue is proper in _____ County pursuant to the TEX. HEALTH & SAFETY CODE §§ 81.084(e) and 81.086.

IV. STATEMENT OF FACTS

4.1 On or about _____, the Department and/or the Health Authority issued an order (1) to stop the carrier or conveyance at the port of entry or place of first landing

or first arrival in Texas, and (2) to collect information from the common carrier or private conveyance (i.e. passenger list, cargo manifests, medical or health instructions, etc.). A copy of Order For Collection of Information on Detained Common Carrier Or Private Conveyance is attached hereto as Exhibit A and fully incorporated herein for all purposes. See TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086.

4.2 On or about _____, the Department and/or the Health Authority found the common carrier or private conveyance described above has departed from or traveled through an area that is infected or contaminated with a communicable disease and (1) is or may be infected or contaminated with a communicable disease, (2) has cargo or an object on board that is or may be infected or contaminated with a communicable disease, or (3) has an individual on board who has been exposed to, or is the carrier of, a communicable disease. By written order, thereafter, the Department and/or the Health Authority required the owner, operator, or authorized agent in control of the common carrier or private conveyance described above to impose certain technically feasible control measures. A copy of the Order of Control Measure Applied to Common Carrier or Private Conveyance is attached hereto as Exhibit B and fully incorporated herein for all purposes. See TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086.

4.5 On or about _____, the Department and/or the Health Authority found that the control measures are ineffective or that there is not a technically feasible control

measure available for use to disinfect or decontaminate the common carrier or private conveyance located at _____. Pursuant to TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086, thereafter, the Department and/or the Health Authority continued the quarantine and ordered the owner, operator, or authorized agent in control of the common carrier or private conveyance to:

- (1) _____;
- (2) _____; or
- (3) _____.

A copy of the Order(s) is attached hereto as Exhibit C and fully incorporated herein for all purposes.

**V. NON-COMPLIANCE WITH WRITTEN ORDERS
OF THE DEPARTMENT OR HEALTH AUTHORITY**

- 5.1 Applicant repeats and realleges paragraphs 1.1 through 4.5 above.
- 5.2 The owner, operator, or authorized agent in control of the common carrier or private conveyance has not complied with the Department' s or Health Authority' s Order which is currently in effect. The facts which have been attested to in the affidavit of _____, provide evidence of that the owner, operator, or authorized agent in control of the common carrier or private conveyance has failed to comply with the Department' s or Health Authority' s Order.
- 5.3 On occasion, the owner, operator, or authorized agent in control of the common carrier or private conveyance has violated or failed to comply with the

Department' s or Health Authority' s Order as follows: _____

5.4 Because the Department and/or Health Authority has reasonable cause to believe that the common carrier or private conveyance described above has departed from or traveled through an area that is infected or contaminated with a communicable disease and (1) is or may be infected or contaminated with a communicable disease, (2) has cargo or an object on board that is or may be infected or contaminated with a communicable disease, or (3) has an individual on board who has been exposed to, or is the carrier of, a communicable disease; and because the Department and/or Health Authority has reason to believe that the owner, operator, or authorized agent in control of the common carrier or private conveyance has failed or refused to comply with the orders of Department and/or the Health Authority, the contaminated common carrier or private conveyance has become, and is, an immediate threat to the public health and safety.

VI. REQUEST TEMPORARY INJUNCTIVE RELIEF

- 6.1 Applicant repeats and realleges paragraphs 1.1 through 5.4 above.
- 6.2 The Department and/or Health Authority request a temporary restraining order

and/or temporary injunction order compelling the owner, operator, or authorized agent in control of the common carrier or private conveyance to comply with the Communicable Disease Prevention and Control Act, TEX. HEALTH & SAFETY CODE § 81 and the orders of Department and/or the Health Authority pursuant to TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086.

VII. REQUEST FOR PERMANENT INJUNCTIVE RELIEF

- 7.1 Applicant repeats and realleges paragraphs 1.1 through 6.2 above.
- 7.2 Applicant further requests that upon final trial, the temporary injunction be made permanent pursuant to TEX. HEALTH & SAFETY CODE §§ 81.084 and 81.086.

VIII. REQUEST FOR ORDERS FOR PAYMENT OF EXPENSES OF IMPLEMENTING CONTROL MEASURES

- 8.1 Applicant repeats and realleges paragraphs 1.1 through 7.2 above.
- 8.2 Applicant further requests an order requiring the owner, operator, or authorized agent in control of the common carrier or private conveyance to pay all expenses of implementing control measures, court costs, storage, and other justifiable expenses pursuant to TEX. HEALTH & SAFETY CODE § 81.084(g) and 81.086(d).
- 8.3 Applicant further requests an order requiring the owner, operator, or authorized agent in control of the common carrier or private conveyance to pay or reimburse the cost of any control measures performed by the Department's or Health Authority's employees pursuant to TEX. HEALTH & SAFETY CODE §§ 81.084(i) and 81.086(d).

XIII. PRAYER

WHEREFORE, Applicant prays for the following relief:

1. That Defendant be cited to appear and answer herein;
2. That the court enter a temporary restraining order, without notice or with little notice to Defendant, for the above requested relief;
3. That upon notice and hearing, the court grant a temporary injunction against Defendant for the above requested relief;
4. That upon notice and hearing, the court grant orders for payment of expenses related to implementing control measures;
5. That upon notice and final hearing, the court grant a permanent injunction against Defendant for the above requested relief; and
6. That Applicant be awarded all such other and further relief, at law and in equity, to which it may show itself justly entitled.

Respectfully submitted,

VERIFICATION

THE STATE OF TEXAS
COUNTY OF _____

§
§

BEFORE ME, the undersigned authority, on this day personally appeared _____, who swore on oath the following:

1. "I am over 18 years of age. I have never been convicted of a crime, and I am competent to make this affidavit."

2. "I am currently employed as _____ with the Texas Department of State Health Services or the Health Authority, located at _____."

3. "I have read the foregoing petition, and have personal knowledge of the facts alleged in paragraph 4.1 through 5.4 which pertains to the quarantine of a common carrier or private conveyance located at _____" "These facts are true and correct."

AFFIANT

SWORN TO AND SUBSCRIBED before me on _____, 20____, to certify which, witness my hand and seal of office.

NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

CAUSE NO. _____

THE STATE OF TEXAS AND/OR
THE TEXAS DEPARTMENT OF
STATE HEALTH SERVICES
Plaintiff,

§
§
§
§
§
§
§
§
§

IN THE DISTRICT COURT

OF _____ COUNTY

v.

Defendant.

_____ DISTRICT COURT

ORDER FOR THE HEALTH AND SAFETY OF THE PUBLIC
ENJOINING THE OWNER, OPERATOR, OR AGENT IN CONTROL OF
CONTAMINATED COMMON CARRIER OR PRIVATE CONVEYANCE

On this the _____ day of _____, 20____, came on to be heard the above-entitled and numbered cause. Applicants, the State of Texas (the “State of Texas or the Health Authority”) and/or the Texas Department of State Health Services (the “Department”), appeared by their attorneys of record and announced ready for trial; and Defendant appeared in person or by attorney of record and announced ready for trial.

Having considered said Application, Motion, Affidavit, argument of the parties, and taken further evidence provided by competent medical testimony for a fair determination of the matter, the Court has found that, on the basis of clear and convincing evidence:

1. That the common carrier or private conveyance described above has departed from or traveled through an area that is infected or contaminated with a communicable disease and (1) is or may be infected or contaminated with a communicable disease, (2) has cargo or an object on board that is or may be infected or



contaminated with a communicable disease, or (3) has an individual on board who has been exposed to, or is the carrier of, a communicable disease.

2. That the owner, operator, or authorized agent in control of the common carrier or private conveyance has failed or refused to comply with the orders of Department and/or the Health Authority; and

3. That the contaminated common carrier or private conveyance has become, and is, an immediate threat to the public health and safety.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. The owner, operator, or authorized agent in control of the common carrier or private conveyance shall comply with the orders of Department and/or the Health Authority; and

2. Appropriate communicable disease control measures shall be imposed to (a) decontaminate or disinfect the common carrier or private conveyance located at _____ and (b) to prevent the spread of a communicable disease from the common carrier or private conveyance for the period commencing on _____, when the application was filed, and to end on _____ pursuant to TEX. HEALTH & SAFETY CODE § 81.084. The control measures to be imposed on the property include, but is not limited to, the following: (a) immunization, (b) detention, (c) restriction, (d) disinfection, (e) decontamination, (f) isolation, (g) quarantine, (h) disinfection, (i) chemoprophylaxis, (j) preventive therapy, (k) prevention, and

education. See TEX. HEALTH & SAFETY CODE § 81.082. The common carrier or private conveyance may be released earlier upon the request of the Texas Department of State Health Services, Health Authority, or upon further Order of the Court.

SIGNED this ___ day of _____, 20___ at _____ o' clock ___ m.

JUDGE PRESIDING

HEALTH AUTHORITY ORDER

TO: (name of individual, parent, legal guardian or managing conservator)
 FROM: (name of health authority)
 DATE: (today's date)

(Name of health authority) finds that (name of individual) is within my jurisdiction and has reasonable cause to believe that (name of individual) is ill with, has been exposed to, or is the carrier of a communicable disease, (name of disease: include scientific and common names).

The (name of health authority) finds control measures are reasonable and necessary to prevent the introduction, transmission, and spread of the disease in the State of Texas. By authority of Section 81.083 of the Texas Health and Safety Code, (name of health authority) ORDERS that (name of individual) immediately:

be subject to (**any** control measure that is reasonable and necessary to prevent the introduction, transmission, or spread of the disease in this state, including but not limited to:)

(CHOOSE AND INCLUDE ONE OR ALL THAT APPLY FROM BELOW)

1. being immunized with (name of vaccine).
2. being detained until (name of individual):

[Choose (a) or (b)]

- a. is no longer infected with (common name of disease).
- b. the longest period of incubation for (common name of disease) or (number of days of longest incubation period of disease has expired).

3. being restricted to (area or place of restriction), i.e. his/her residence, institution, or current residential location at (complete physical address).
4. being disinfected for (common name of disease) by (name of disinfecting ingredient or process).
5. being decontaminated by (name of process).
6. being isolated to [exact area or physical address of place of isolation or name(s) of person(s) to be isolated from].



7. being quarantined by admission to (*name of institution*)
at (*complete physical address*).
8. being disinfected by (*name of process of disinfestations*).
9. receiving chemoprophylaxis by (*name of process or
chemoprophylactic agent*).
10. receiving preventive therapy by (*name of therapy*).
11. receiving prevention by (*name of method of prevention*).
12. receiving education by (*name of disease and of the
educational course and date, time and complete physical
address if applicable*).

VIOLATION OF THIS ORDER IS A CRIMINAL OFFENSE AND COULD RESULT IN CONFINEMENT FOR 180 DAYS, A FINE OF \$2,000, OR BOTH. VIOLATION OF THIS ORDER COULD ALSO RESULT IN COURT ORDERED MANAGEMENT, WHICH MAY INCLUDE INVOLUNTARY INCARCERATION IN A TREATMENT FACILITY OR OTHER LOCATION AS DETERMINED BY THE COURT.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

No. _____

THE STATE OF TEXAS § IN THE _____ DISTRICT COURT
 FOR THE BEST INTEREST §
 AND PROTECTION OF § IN AND FOR
 §
 _____ § _____ COUNTY, TEXAS

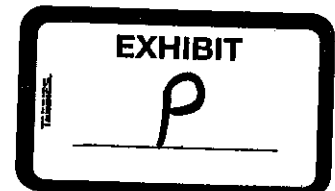
HEALTH AUTHORITY'S AFFIDAVIT OF MEDICAL EVALUATION

I, the undersigned, a local health authority in the State of Texas, under the Texas Health and Safety Code, Section 121.021, do hereby certify to the best of my knowledge:

1. The name and address of the physician that examined the proposed patient are:

2. The name and address of the proposed patient are:

3. On the _____ day of _____, 20____, the proposed patient was examined at the following location: _____
4. A brief diagnosis of the physical and mental condition of the proposed patient on said date is: the proposed patient has a contagious form of (*name of disease*) and is refusing medical treatment.
5. An accurate description of the health treatment, if any, given by or administered by the examining physician is as follows: *See Exhibit _____, which is attached hereto and incorporated by reference.*
6. I am of the opinion that the proposed patient is infected with a communicable disease that presents a threat to the public health, and as a result of that communicable disease, the proposed patient is likely to cause serious harm to himself, and will if not observed, isolated, and treated, continue to endanger the public health. The detailed basis for this opinion is as follows: the proposed patient is infected with (*name of disease*). (*Detailed information and reasoning.*)
7. I am further of the opinion that the proposed patient presents a substantial risk of serious harm to himself or others if not immediately restrained. The detailed basis for this opinion being: *See Exhibit _____ which is attached hereto and is incorporated by reference.*



8. **(NOTE: COMPLETE THIS ITEM ONLY IF THIS CERTIFICATE IS TO BE OFFERED IN SUPPORT OF EXTENDED ORDERS (OVER 90 DAYS) FOR THE MANAGEMENT OF A PERSON WITH A COMMUNICABLE DISEASE.)**

I am further of the opinion that the proposed patient's condition is expected to continue for more than 90 days. The detailed basis for that opinion is as follows: *Opinion of* _____.
See Exhibit _____ *which is attached hereto and is incorporated by reference.*

Signed: _____
Health Authority

SUBSCRIBED AND SWORN TO before me on this _____ day of _____, 20_____.

Notary Public, _____ County, Texas

My commission expires: _____

No. _____

THE STATE OF TEXAS § IN THE _____ DISTRICT COURT
 FOR THE BEST INTEREST §
 AND PROTECTION OF § IN AND FOR
 §
 _____ § _____ COUNTY, TEXAS

COMMISSIONER'S DESIGNATION OF HEALTH FACILITY

Pursuant to Chapter 81 of the Texas Health and Safety Code, the undersigned Commissioner of Health of the State of Texas does hereby designate the following appropriate inpatient health facility as a suitable place for detention of the person who is the subject of this suit.

Done at _____, _____ County,
 Texas, on this the _____ day of _____, 20_____.

 Commissioner of Health



**NOTICE TO PERSON WHO OWNS OR CONTROLS PROPERTY:
QUARANTINE OF PROPERTY**

TO: *(name and address of property owner, person in control of the property, or registered agent)*
 FROM: *(name of health authority)*
 DATE: *(today's date)*

This notice is issued under the Texas Health and Safety Code, §81.084, relating to the application of control measures to property. I am the local health authority for *(name of county, city, and/or public health district for the city or county)*. As the local health authority, I am authorized by law to issue this notice.

Based on information available, you have been identified as the:
(CHOOSE AND INCLUDE ONE OR ALL THAT APPLY FROM BELOW)

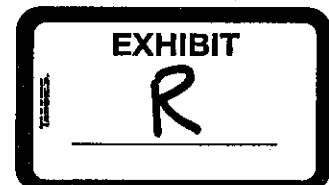
1. owner
2. person in control
3. registered agent for the corporate owner
4. registered agent for the corporate person in control

of the following property located within *(name of county, city, and/or public health district for the city or county)*:

*(property description — include one of the following:
 legal description by the appraisal district for real property; or
 street address for real property; or
 specific street boundaries for real property; or
 other descriptive language for real property; or
 adequate description of objects other than real property)*

As the local health authority, I have reasonable cause to believe that the described property is or may be infected or contaminated with a communicable disease, *(scientific and common name of disease)* which is *(description of disease and/or additional information)*.

The property described above is hereby placed in quarantine for the period of time necessary for a medical examination or technical analysis of samples taken from the property to determine if the property is infected or contaminated. The examination or analysis will be performed by my office or under the direction of my office. The Texas Department of Health may also be involved in the examination or analysis. You are not required to perform the examination or analysis. You will not be required to pay for the examination or analysis.



(INCLUDE THE FOLLOWING IF APPROPRIATE)

In addition, I have tagged or will shortly tag the following object(s) for identification of possible infection or contamination: (*identify objects*).

You must cooperate in allowing this notice to be put into effect. If the property is not infected or contaminated, the quarantine shall be removed and control of the property will be returned to you. If the property is found to be infected or contaminated, I will issue a written order under which control measures to disinfect or decontaminate the property, to secure the property, or to destroy the property may be required.

(INCLUDE THE FOLLOWING IF APPROPRIATE)

All ingress to and egress from the property is forbidden, except for authorized health and law enforcement personnel.

[INCLUDE THE FOLLOWING IF THE PROPERTY IS REAL PROPERTY (LAND) OR A STRUCTURE OR AN ANIMAL OR OTHER PROPERTY ON LAND]

This notice shall be posted on the land and at a place convenient to the public in the courthouse for (*name of county*).

There are penalties for noncompliance with this notice.

IT IS A CRIME TO KNOWINGLY REFUSE TO PERFORM OR ALLOW THE PERFORMANCE OF CONTROL MEASURES ON PROPERTY AS ORDERED BY A LOCAL HEALTH AUTHORITY OR THE TEXAS DEPARTMENT OF HEALTH OR TO KNOWINGLY CONCEAL AN INFECTED OBJECT THAT IS THE SUBJECT OF AN INVESTIGATION BY EITHER. BOTH CRIMES ARE CLASS B MISDEMEANORS AND COULD RESULT IN UP TO 180 DAYS IN JAIL AND/OR A FINE OF UP TO \$2,000.

If you have any questions, please contact (*name of health authority*) at/by (*means of contact*).

This notice is issued under my authority as the local health authority for (*name of county, city, and/or public health district for the city or county*).

**(INCLUDE THE FOLLOWING ONLY IF NOTICE IS ISSUED BY TDH
REGIONAL DIRECTOR)**

This notice is issued under my authority as the Texas Department of Health regional director for the region that encompasses the described property. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the property.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

ORDER OF CONTROL MEASURES TO BE IMPOSED ON PROPERTY

TO: *(name and address of property owner, person in control of the property, or registered agent)*
 FROM: *(name of health authority)*
 DATE: *(today's date)*

This order is issued under the Texas Health and Safety Code, §81.084, relating to the application of control measures to property. I am the local health authority for *(name of county, city, and/or public health district for the city or county)*. As the local health authority, I am authorized by law to issue this order.

You have previously been issued a Notice of the quarantine of certain property for which you are the **(CHOOSE ONE: property owner, person in control of the property, or registered agent)** of the property. A copy of the Notice, including the property description, is attached and made a part of this order.

A medical examination or technical analysis of samples taken from the described property has been performed. The property has been found to be infected or contaminated with a communicable disease. Specifically, *(name of disease: include scientific and common name and information relating to the infection or contamination)*.

(CHOOSE 1 OR 2 FROM THE FOLLOWING)

1. You are ordered to impose the following control measures that are technically feasible to disinfect or decontaminate the property: *(description of control measures which the person is required to impose)*. You are required to put these control measures into place or ensure that they are put into place. You are required to pay for these control measures except as follows: *(description of any control measures which the city, county, district, or other entity will conduct or fund)*.

If the control measures are effective, this quarantine shall be removed and control of the property will be returned to you. If the control measures are ineffective or if it is determined that there is not a technically feasible control measure available for use, further orders, including court orders, may be issued. A court order may also be issued if there is an immediate threat to the public health.

2. It has been determined that there is not a technically feasible control measure available for use to disinfect or decontaminate the property or the control measures previously ordered for this property have been ineffective. Therefore, the quarantine is continued and you are ordered to do the following:



(CHOOSE AND INCLUDE ONE OR ALL THAT APPLY FROM BELOW)

- (A) To destroy the property in a manner that disinfects or decontaminates the property to prevent the spread of infection or contamination by the following means:
(name of process and/or description of process).
- (B) To securely fence the entire perimeter of the property.
- (C) To securely fence the following part of the property:
(exact area to be fenced).
- (D) To securely seal off the following infected or contaminated structure or other property on the described property to prevent entry into the infected or contaminated area until the quarantine is removed:
(adequate description of structure or other property).

You are required to put these control measures into place or ensure that they are put into place. You are required to pay for these control measures except as follows: *(description of any control measures which the city, county, district, or other entity will conduct or fund).*

There are penalties for noncompliance with this order. You may be assessed all expenses of implementing control measures, court costs, and other justifiable expenses. You may be assessed expenses for the costs of control measures performed by the Texas Department of Health's or the local health authority's employees. No assessment of such costs or expenses is being made at this time.

Criminal penalties are also possible.

IT IS A CRIME TO KNOWINGLY REFUSE TO PERFORM OR TO ALLOW THE PERFORMANCE OF CONTROL MEASURES ON PROPERTY AS ORDERED BY A LOCAL HEALTH AUTHORITY OR THE TEXAS DEPARTMENT OF HEALTH OR TO KNOWINGLY CONCEAL AN INFECTED OBJECT THAT IS THE SUBJECT OF AN INVESTIGATION BY EITHER. BOTH CRIMES ARE CLASS B MISDEMEANORS AND COULD RESULT IN UP TO 180 DAYS IN JAIL AND/OR A FINE OF UP TO \$2,000.

If you have any questions, please contact *(name of health authority)* at/by *(means of contact).*

This order is issued under my authority as the local health authority for the *(name of county, city, and/or public health district for the city or county).*

**(INCLUDE THE FOLLOWING ONLY IF ORDER IS ISSUED BY TDH
REGIONAL DIRECTOR)**

This order is issued under my authority as the Texas Department of Health regional director for the region that encompasses the described property. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the property.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

ORDER DECLARING AN AREA QUARANTINE

This order is issued under the Texas Health and Safety Code, §81.085, relating to an area quarantine (and under Chapter 508, relating to area quarantine for environmental or toxic agents). I am the local health authority for *(name of county, city, and/or public health district for the city or county)*. As the local health authority, I am authorized by law to issue this order.

By this order I am imposing an area quarantine covering:
(description of quarantined area, include one of the following: legal description by the appraisal district for real property; or street address for real property; or specific street boundaries for real property; or other descriptive language for real property).

The imposition of this order is necessary because an outbreak of a communicable disease has occurred and the described area is affected by the outbreak. The communicable disease is: *(scientific and common name of disease and description of disease and/or additional information, if necessary).*

By this order persons in the quarantined area must: *(description of control measures to be followed, including actual measures, time frame for compliance, reporting requirements, and/or any other duties or obligations).*

Persons currently in the quarantined area must continue to follow my instructions during the duration of this area quarantine. Additional control measures may be imposed that are necessary and most appropriate to arrest, control, and eradicate the threat to public health. Any additional control measures will be articulated in further written instructions that I may issue.

(INCLUDE THE FOLLOWING PARAGRAPH IF APPROPRIATE)

All ingress to and egress from the area is forbidden, except for authorized health and law enforcement personnel. Persons in the quarantined area will not be allowed to leave it without proper authorization from health or law enforcement authorities. Individuals outside the quarantine area will not be allowed to enter it without proper authorization from health or law enforcement authorities.



The quarantine will continue for the period of time necessary to arrest, control, and eradicate the threat to public health. Once the area has been determined not to pose a threat to the public health, the area quarantine will be terminated. **(IF YOU ARE ISSUING THIS ORDER UNDER CHAPTER 508, THE ORDER IS VALID FOR NOT MORE THAN 24 HOURS.)**

Notice of this order and any further instructions shall be published at least once each week during the area quarantine period in a newspaper of general circulation in the area and will include a brief explanation of the meaning and effect of this order and instructions. I may use other reasonable means of communication to inform persons in the quarantine area of my orders and instructions.

There are penalties for noncompliance with this order.

IT IS A CRIME TO KNOWINGLY REFUSE TO PERFORM OR ALLOW THE PERFORMANCE OF CONTROL MEASURES ORDERED HERE. REFUSAL COULD RESULT IN UP TO 180 DAYS IN JAIL AND/OR A FINE OF UP TO \$2,000.

(INCLUDE IF ORDER IS ISSUED UNDER CHAPTER 508.)

IT IS A CRIMINAL OFFENSE TO KNOWINGLY FAIL OR REFUSE TO OBEY THIS ORDER. THIS OFFENSE IS A FELONY OF THE THIRD DEGREE AND COULD RESULT IN UP TO 2-10 YEARS IN PRISON AND/OR A FINE OF UP TO \$10,000.

If you have questions, please contact *(name of health authority)* at/by *(means of contact)*.

The outbreak of the communicable disease may affect an area or areas outside of my jurisdiction. In such a case, the local health authority for that area or the Texas Department of Health may issue an order declaring an area quarantine for that area.

This order is issued under my authority as the local health authority for the *(name of county, city, and/or public health district for the city or county)*.

(INCLUDE THE FOLLOWING IF ORDER ISSUED BY TDH REGIONAL DIRECTOR ONLY)

This order is issued under my authority as the Texas Department of Health regional director for the region that encompasses the described area. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the area.

Signature: _____

Date (and time of issuance if issued under Chapter 508):

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

**ORDER FOR COLLECTION OF INFORMATION
ON DETAINED COMMON CARRIER
[Under §81.086(b)]**

TO: (name of person)
FROM: (name of health authority)
DATE: (today's date)

This order is issued under the Texas Health and Safety Code, §81.086, relating to the application of control measures to private and common carriers and private conveyances. I am the local health authority for (name of county, city, and/or public health district for the city or county).

You have been identified as the owner, operator, or authorized agent in control of the carrier or conveyance identified below:

(description of carrier or vehicle — **INCLUDE LICENSE NUMBERS OR OTHER IDENTIFYING NUMBERS OR MARKINGS**)

You are ordered to stop the carrier or conveyance at (port of entry or place of first landing or first arrival in Texas).

As required by Texas Health and Safety Code §81.086(b), please provide the following information in writing from your own knowledge, or documents, cargo manifests, etc.:

- (1) List each passenger carried.
- (2) Describe all cargo carried.
- (3) Describe any illness or suspected illness experienced by any operator, crew, or passenger.
- (4) Describe any condition on board the carrier or conveyance during the journey that may lead to the spread of disease.
- (5) Describe any medical or health instructions provided to you or imposed on the carrier or conveyance, its passengers or crew, or its cargo or any other object on board during the journey.

You must provide this information to me by _____ (a.m.) (p.m) on _____, 20____. You may be issued a written order to require you to impose necessary technically feasible control measures to prevent the introduction and spread of communicable disease in this state.

If you have any questions, please contact (name of health authority) at/by (means of contact).

This order is issued under my authority as the local health authority for (name of county, city, and/or public health district for the city or county).



(INCLUDE THE FOLLOWING ONLY IF ORDER IS ISSUED BY TDH REGIONAL DIRECTOR)

This order is issued under my authority as the Texas Department of Health regional director for the region in which the described carrier is located. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the property.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

**ORDER OF CONTROL MEASURE APPLIED TO COMMON CARRIER
OR PRIVATE CONVEYANCE
(Infected with Communicable Disease)**

TO: *(name of person)*
FROM: *(name of health authority)*
DATE: *(today's date)*

This order is issued under the Texas Health and Safety Code, §§81.086(c) and 81.084, relating to the application of control measures to private and common carriers and private conveyances. I am the local health authority for *(name of county, city, and/or public health district for the city or county)*. As the local health authority, I am authorized by law to issue this order.

Based on information available, you have been identified as the owner, operator, or authorized agent in control of the carrier or conveyance identified below:

(description of carrier or vehicle — INCLUDE LICENSE NUMBERS OR OTHER IDENTIFYING NUMBERS OR MARKINGS)

As the local health authority and after inspection, I have reasonable cause to believe that the carrier or conveyance described above has departed from or traveled through an area that is infected or contaminated with a communicable disease and (1) is or may be infected or contaminated with a communicable disease, (2) has cargo or an object on board that is or may be infected or contaminated with a communicable disease, or (3) has an individual on board who has been exposed to, or is the carrier of, a communicable disease. **(CHOOSE ONE OR MORE OF THE PRECEDING PROVISIONS)**

You are hereby ordered to quarantine or isolate the *(carrier, vehicle, aircraft, or watercraft)*. It should be moved or relocated only after receiving a written order from the Texas Department of Health or me. You are hereby ordered to allow further inspection of the carrier, vehicle, aircraft, or watercraft or any cargo or object contained therein by me, the Texas Department of Health, or persons designated by the Texas Department of Health or me.

You are further ordered to impose the following necessary technically feasible control measures: *(description of control measures that the person is required to impose)*.

Following inspection, further control measures as necessary to control the spread of communicable disease may be ordered.



The imposition of this order is necessary as a precautionary control measure associated with an outbreak of (*name of disease: include scientific and common name*), a communicable disease.

There are penalties for noncompliance with this notice.

IT IS A CRIME TO KNOWINGLY REFUSE TO PERFORM OR ALLOW THE PERFORMANCE OF CONTROL MEASURES ON PROPERTY AS ORDERED BY A LOCAL HEALTH AUTHORITY OR THE TEXAS DEPARTMENT OF HEALTH OR TO KNOWINGLY CONCEAL AN INFECTED OBJECT THAT IS THE SUBJECT OF AN INVESTIGATION BY EITHER. BOTH CRIMES ARE CLASS B MISDEMEANORS AND COULD RESULT IN UP TO 180 DAYS IN JAIL AND/OR A FINE OF UP TO \$2,000.

If you have any questions, please contact (*name of health authority*) at/by (*means of contact*).

This order is issued under my authority as the local health authority for (*name of county, city, and/or public health district for the city or county*).

(INCLUDE THE FOLLOWING ONLY IF ORDER IS ISSUED BY TDH REGIONAL DIRECTOR)

Issued under my authority as the Texas Department of Health regional director for the region in which the described carrier is located. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the property.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

**ORDER OF CONTROL MEASURE APPLIED TO
COMMON CARRIER OR PRIVATE CONVEYANCE
(Cargo Contaminated)**

TO: (name of person)
FROM: (name of health authority)
DATE: (today's date)

This order is issued under the Texas Health and Safety Code, §81.086, relating to the application of control measures to private and common carriers and private conveyances. I am the local health authority for (name of county, city, and/or public health district for the city or county). As the local health authority, I am authorized by law to issue this order.

Based on information available you have been identified as the owner, operator, or authorized agent in control of the carrier or conveyance identified below:

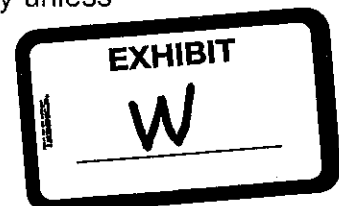
*(description of carrier or vehicle — **INCLUDE LICENSE NUMBERS OR OTHER IDENTIFYING NUMBERS OR MARKINGS**)*

As the local health authority I have reasonable cause to believe that the carrier or conveyance described above is transporting cargo or an object that is or may be infected or contaminated with a communicable disease. **(INCLUDE DESCRIPTION OF SPECIFIC CARGO OR OBJECT)**

(CHOOSE AND INCLUDE ONE OF THE FOLLOWING)

(A) You are hereby ordered to place the (cargo or object) in secure confinement or seal it in a car, trailer, hold, or compartment as appropriate, and specified below by my orders, while the cargo or object is being transported through the state of Texas. It should not be removed or relocated from such seal or confinement unless you receive a written order from the Texas Department of Health or from me. You are hereby ordered to allow inspection of the vehicle, aircraft or watercraft or any cargo or object contained therein by me, or the Texas Department of Health, or persons designated by the Texas Department of Health or me. **(INCLUDE SPECIFIC ORDERS ON HOW THE CARGO OR OBJECT SHOULD BE SEALED AND/OR INSPECTED)**

(B) You are hereby ordered to unload the cargo or object at an alternate location equipped with adequate investigative and disease control facilities if the cargo or object is being transported to an intermediate or ultimate destination in the state of Texas that cannot provide the necessary facilities. It should not be removed or relocated from this facility unless



you receive a written order from the Texas Department of Health or me. You are hereby ordered to allow inspection of the vehicle, aircraft, or watercraft or any cargo or object contained therein by me, or the Texas Department of Health, or persons designated by the Texas Department of Health or me. **(INCLUDE SPECIFIC ORDERS ON HOW AND WHERE THE CARGO OR OBJECT SHOULD BE DETAINED)**

Following inspection, further quarantine and control measures as necessary to control the spread of communicable disease may be ordered.

There are penalties for noncompliance with this order.

IT IS A CRIME TO KNOWINGLY REFUSE TO PERFORM OR ALLOW THE PERFORMANCE OF CONTROL MEASURES ON PROPERTY AS ORDERED BY A LOCAL HEALTH AUTHORITY OR THE TEXAS DEPARTMENT OF HEALTH OR TO KNOWINGLY CONCEAL AN INFECTED OBJECT THAT IS THE SUBJECT OF AN INVESTIGATION BY EITHER. BOTH CRIMES ARE CLASS B MISDEMEANORS AND COULD RESULT IN UP TO 180 DAYS IN JAIL AND/OR UP A FINE OF UP TO \$2,000.

If you have any questions, please contact *(name of health authority)* at/by *(means of contact)*.

This order is issued under my authority as the local health authority for *(name of county, city, and/or public health district for the city or county)*.

(INCLUDE THE FOLLOWING ONLY IF ORDER IS ISSUED BY TDH REGIONAL DIRECTOR)

Issued under my authority as the Texas Department of Health regional director for the region in which the described carrier is located. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the property.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____

**ORDER OF CONTROL MEASURE APPLIED TO
COMMON CARRIER OR PRIVATE CONVEYANCE
(Cargo Control Measures)**

TO: (name of person)
FROM: (name of health authority)
DATE: (today's date)

This order is issued under the Texas Health and Safety Code, §81.086, relating to the application of control measures to private and common carriers and private conveyances, and §81.084, relating to the application of Control Measures to Property. I am the local health authority for (name of county, city, and/or public health district for the city or county). As the local health authority, I am authorized by law to issue this order.

Based on information available you have been identified as the owner, operator, or authorized agent in control of the carrier or conveyance identified below:

(description of carrier or vehicle — INCLUDE LICENSE NUMBERS OR OTHER IDENTIFYING NUMBERS OR MARKINGS)

As the local health authority I have reasonable cause to believe that a carrier or conveyance described above is transporting cargo or an object that is or may be infected or contaminated with a communicable disease. **(INCLUDE DESCRIPTION OF SPECIFIC CARGO OR OBJECT)**

You are hereby ordered to isolate and quarantine the cargo and impose upon it the following control measures. **(INCLUDE SPECIFIC ORDERS ON THE CONTROL MEASURES IMPOSED ON THE CARGO OR OBJECT, INCLUDING DISINFECTION, DESTRUCTION, DETENTION FOR A SPECIFIC PERIOD, ETC.)**

Following inspection, further quarantine and control measures may be ordered, as necessary to control the spread of communicable disease.

There are penalties for noncompliance with this order.

IT IS A CRIME TO KNOWINGLY REFUSE TO PERFORM OR ALLOW THE PERFORMANCE OF CONTROL MEASURES ON PROPERTY AS ORDERED BY A LOCAL HEALTH AUTHORITY OR THE TEXAS DEPARTMENT OF HEALTH OR TO KNOWINGLY CONCEAL AN INFECTED OBJECT THAT IS THE SUBJECT OF AN INVESTIGATION BY EITHER. BOTH CRIMES ARE CLASS B MISDEMEANORS AND COULD RESULT IN UP TO 180 DAYS IN JAIL AND/OR A FINE OF UP TO \$2,000.



If you have any questions, please contact (*name of health authority*) at/by (*means of contact*).

This order is issued under my authority as the local health authority for (*name of county, city, and/or public health district for the city or county*).

(INCLUDE THE FOLLOWING ONLY IF ORDER IS ISSUED BY TDH REGIONAL DIRECTOR)

Issued under my authority as the Texas Department of Health regional director for the region in which the described carrier is located. I am authorized by law to perform the duties of the local health authority because there is no appointed local health authority for the jurisdiction that includes the property.

Signature: _____

Date: _____

Printed name: _____

Physical address: _____

Mailing address: _____

Telephone: _____

E-mail: _____

Fax: _____