

Figure: 25 TAC §415.314(2)

NOTICE OF HEARING BY DSHS DANGEROUSNESS REVIEW BOARD

DATE:

TO: (NAME OF INDIVIDUAL AND LAR, IF ANY)

The DSHS Dangerousness Review Board will conduct a hearing to determine whether or not (NAME OF INDIVIDUAL) is manifestly dangerous. The hearing is scheduled for (DATE AND TIME) at (LOCATION OF HEARING). If (NAME OF INDIVIDUAL) is determined manifestly dangerous, then he/she will remain at the maximum security unit/secure adolescent unit (MSU/SAU) at the Vernon Campus of North Texas State Hospital for treatment. If (NAME OF INDIVIDUAL) is determined not manifestly dangerous, then he/she will be transferred from the MSU/SAU to another DSHS facility.

You will be provided:

a copy of the documentation that will be submitted to the DSHS Dangerousness Review Board; and a copy of DSHS rules governing the determination of manifest dangerousness (25 Texas Administrative Code, Part 1, Chapter 415, Subchapter G).

You have the right to represent yourself at the hearing or be represented by a spokesperson of your choice. You and your spokesperson have the right to be present at the hearing. You or your spokesperson have the right to:

- present witnesses on behalf of (NAME OF INDIVIDUAL);
- present evidence and establish all pertinent facts and circumstances;
- present an argument on any issue involved;
- cross-examine witnesses; and
- respond to or refute any testimony or evidence.

If you have any questions concerning this notice, the hearing, or your rights you may contact (NAME AND PHONE NUMBER OF CONTACT PERSON) who will assist you.

I hereby acknowledge receipt of this NOTICE OF HEARING BY FACILITY REVIEW BOARD.

(Signature of individual who is the subject of the hearing)

(Date received)

(Signature of LAR, if any)

(Date received)

(Signature of person delivering notice)

(Date delivered)