

Cause No. _____

IN THE MATTER OF: § IN THE ____ DISTRICT COURT
_____ § OF _____ COUNTY, TEXAS
DOB: MO/DA/YR § SITTING AS A JUVENILE COURT

**RESPONDENT'S MOTION TO DETERMINE LACK OF RESPONSIBILITY
FOR CONDUCT AS A RESULT OF MENTAL ILLNESS
OR MENTAL RETARDATION**

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES, _____, Respondent in the above entitled and numbered cause, by and through her attorney of record, _____, and makes this *Respondent's Motion To Determine Lack of Responsibility For Conduct as a Result of Mental Illness or Mental Retardation*, and would show the Court as follows:

I.

Respondent brings this motion pursuant to §55.51 of the Texas Family Code. Respondent would show the Court that Respondent is a child who is alleged by petition to have engaged in delinquent conduct or conduct indicating a need for supervision. Respondent would further show that Respondent lacks responsibility for her conduct as a result of mental illness or mental retardation.

II.

Respondent requests the Court to make a determination that Respondent is not responsible for the conduct which is the basis for the allegations in Original Petition Alleging Delinquent Conduct because at the time of the conduct, as a result of mental illness or mental retardation, Respondent lacked the substantial capacity either to appreciate the wrongfulness of the Respondent's conduct or to conform the Respondent's conduct to the requirements of the

law. Respondent further requests that the Court stay the juvenile court proceedings and order the Respondent to be examined pursuant to §51.20 of the Texas Family Code. Respondent further requests that the Court hold a final hearing on this matter upon receipt of the examination results.

WHEREFORE, PREMISES CONSIDERED, Respondent prays that this Honorable Court grant this motion and stay the juvenile court proceedings, order Respondent to be examined pursuant to §51.20 of the Texas Family Code, hold a hearing upon receipt of the examination results, and such other and further relief, general and special, legal and equitable to which she may be justly entitled.

Respectfully submitted,

Law Firm
Address
City, State, Zip
Phone
Fax

Attorney
State Bar No.

CERTIFICATE OF SERVICE

A true and correct copy of the above and forgoing *Respondent's Motion to Determine Lack of Responsibility for Conduct as a Result of Mental Illness or Mental Retardation* was delivered to the District Attorney of _____ County, Texas on _____, 200__, in accordance with the Texas Rules of Civil Procedure.

Attorney