



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
**APPLICATION TO COURT FOR 96 HOUR DETENTION,
 EVALUATION AND TREATMENT/REHABILITATION**

No. _____

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
 PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

DATE OF BIRTH: _____ GENDER: MALE FEMALE

The applicant herein states to the Court as follows:

1. That the respondent, _____, age _____, birthdate _____, resides at

 (STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)
 and is now at _____.
2. That the applicant has reason to believe that the respondent is mentally disordered and/or abuses alcohol and/or drugs, as defined by law, and presents a likelihood of serious harm to himself/herself or others, and thus is in need of detention, evaluation, and treatment/rehabilitation in a mental health facility and/or alcohol or drug abuse facility.
3. The facts that support the applicant's belief that the respondent is mentally disordered and/or abuses alcohol and/or drugs are:
4. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:
5. That attached and made a part of hereof are affidavits in support of this application and the names and addresses of persons known to the applicant to have personal knowledge of the facts.

WHEREFORE, the applicant requests the Court to hold a hearing on this application and to order that the respondent be taken into custody and transferred to an appropriate and willing mental health facility and/or alcohol or drug abuse facility for detention, evaluation, and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo, or Chapter 631, RSMo. Applicant hereby swears and affirms that the facts stated in the foregoing application are true to the best of his/her knowledge and belief.

Attachments

DIVISION CLERK		DEPUTY DIVISION CLERK		
APPLICANT		TELEPHONE		
STREET	CITY	COUNTY	STATE	ZIP CODE



STATE OF MISSOURI
 DEPARTMENT OF MENTAL HEALTH
**AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION
 AND TREATMENT/REHABILITATION - ADMISSION FOR 96 HOURS**

IN THE MATTER OF _____, RESPONDENT,

_____, HEREBY AFFIRMS AN OATH AS FOLLOWS:

(Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE)

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE ()
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NOTARY PUBLIC EMBOSSER SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	19
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		



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NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

TAKE PATIENT TO: _____

NAME OF PATIENT: _____

RESIDENCE ADDRESS OF PATIENT: _____

TELEPHONE NUMBER AT RESIDENCE
ADDRESS: _____

ADDRESS AT WHICH PATIENT MAY BE
LOCATED: _____

TELEPHONE NUMBER AT ADDRESS WHERE PATIENT MAY BE
LOCATED: _____

THE FOLLOWING WILL BE AT ABOVE ADDRESS OR MAY BE CONTACTED BY
OFFICERS: _____

INFORMATION IN RE "PICK-UP" OF PATIENT: D/O/B _____

AGE: _____ RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

DISTINGUISHING MARKS OR FEATURES: _____

DESCRIPTION OF CAR OWNED BY
PATIENT: _____

GUNS, KNIVES, OR OTHER WEAPONS IN POSSESSION OF
PATIENT: _____

REMARKS: _____