

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI  
PROBATE DIVISION  
AT KANSAS CITY/INDEPENDENCE

In the Matter of:

Estate Number:

\_\_\_\_\_,  
Ward.

\_\_\_\_\_

PETITION TO ADMIT WARD TO FACILITY

Comes now the undersigned petitioner and states:

1. Petitioner was heretofore appointed \*(limited) guardian of the person of the above named ward.
2. That since \_\_\_\_\_ (date) the ward has been residing at: (address, city, state, zip) \_\_\_\_\_,  
which residence is (name and type of facility) \_\_\_\_\_.
3. That by reason of the ward's mental condition, the ward is in need of admission to:  
(name of facility) \_\_\_\_\_ for \*(care - treatment).
4. That the ward's mental condition or behavior is set forth in the \*(Affidavit in Support of Petition – Medical Report) attached hereto and incorporated herein by reference as Exhibit A.
5. That said facility is an appropriate placement for the ward and due to the ward's present condition, admission is in the best interests of the ward.
6. That the probable duration of the ward's placement in said facility is \_\_\_\_\_.  
(Days – Weeks – Months – Indeterminate)

WHEREFORE, petitioner prays the court to enter an order authorizing the ward's admission to the above designated facility for the period of time stated above.

The undersigned swears that the matters set forth in the foregoing petition are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Guardian

\*Strike inapplicable



Lined writing area with horizontal lines.

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: \_\_\_\_\_