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

IN THE N	MATTER OF	ESTATE NUMBER
Responde	nt.	
		FOR TEMPORARY DETENTION (Sec. 475.355, RSMo)
Co	omes now petitioner and states tha	t a petition for the appointment of a guardian of the person of the
above-nar	med respondent has been filed upon	the basis of respondent's incapacity.
Re	espondent by reason of a mental dis	order or mental retardation presents a likelihood of serious physical
harm to h	nimself or others because of respor	ndent's conduct and behavior as described in the affidavit attached
hereto and	d incorporated herein by this referen	nced as Exhibit A.
W	HEREFORE petitioner prays that re	espondent be taken into custody and detained at
		until
further or	der of the court.	
Th	ne undersigned swears that the matt	ers set forth in the foregoing petition are true and correct to the best
knowledg	e and belief of the undersigned sub	ject to the penalties of making a false affidavit or declaration.
Date	Petitioner	Street Address
		City, State, Zip
		Phone

EXHIBIT A

AFFIDAVIT

IN THE MATTED OF			RESPONDENT,
IN THE MATTER OF	ERSON ALLEGED TO BE MENTALLY DISORDER	ED.	RESFONDENT,
(D. 3.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			IEREBY AFFIRMS AN OATH AS FOLLOWS:
(Describe the behavior, in detail	il, that respondent exhibits which supports to sents a likelihood of serious harm to him/he	the conclusion thers)	hat respondent is mentally disordered or an
arconor or drug abuser and pres	sents a fixelihood of serious harm to him/he	rsen or omers.)	
NAME (SIGNATURE) (and printed name)			
STREET ADDRESS			
STREET ADDRESS			
CITY, STATE, ZIP			
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	650.11 (68.61.1		(OF ST LOUIS)
IN ROBBERGIAM SEAE			
	SUBSCRIBED AND SWORN BEFORE ME.		USE RUBBER STAMP IN CLEAR AREA BELOW.
	THISOAY OFYEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

 $[*]Attach\ additional\ pages\ if\ necessary.$

TAKE RESPO	NDENT TO:			
NAME OF RE	SPONDENT:			
Residence Addr	ress of Respondent:			
Address at Whice	ch Respondent May be Loca	ted:		
Telephone Num	ber at Address Where Respo			
	will be at above Address or ted by Officers:			
INFORMATIO	ON IN RE "PICK-UP" OF	RESPONDENT:		
D/O/B:				
AGE:	EYE COLOR:	HAIR COLC	PR:	
RACE:	SEX:	HEIGHT:	WEIGHT:	
Distinguishing I	Marks or Features:			
	Car Owned by Respondent:			
		Respondent:		
REMARKS:				