



**PETITION FOR INVOLUNTARY OUTPATIENT DETENTION AND TREATMENT
FOR A PERIOD NOT TO EXCEED ONE HUNDRED EIGHTY DAYS**

NO.

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF _____, RESPONDENT.

DATE OF BIRTH: _____ GENDER: MALE FEMALE

The petitioner herein states to the court as follows:

1. That the petitioner is a Designee of the Head of a Mental Health facility/Alcohol and Drug Abuse facility.
2. That the respondent, _____, age _____, in
_____ County, Missouri, was admitted to _____
on the _____ day of _____, 20_____, as an involuntary
patient in accordance with Chapter 632 RSMo. or Chapter 631 RSMo. and is presently being detained and treated at said facility.
3. That the respondent has a mental illness/abuses alcohol or drugs or both, and by reason of such mental illness or alcohol or drug
abuse or both, continues to present a likelihood of serious harm to himself or others, and is in need of outpatient detention and
treatment for such mental illness for a period not to exceed 180 days of outpatient detention and treatment/or is in need of
continued inpatient detention and treatment/rehabilitation.
4. The facts that substantiate the petitioner's belief that the respondent is mentally ill, abuses alcohol or drugs or both, are:

5. The facts that substantiate the petitioner's belief that the respondent presents a likelihood of serious harm are:

6. The following attempts have been made to treat respondent on an outpatient basis:

which have been unsuccessful because:

or the respondent lacks the capacity to voluntarily consent to care, treatment and services because:

or the respondent refuses to voluntarily consent to care, treatment/rehabilitation and services.

7. The range and care, treatment and services to be provided to the respondent are:

8. The name of the entity or entities who have agreed to fund and provide for the services described in paragraph 7, supra, is/a re:

9. The facts that substantiate that there will be appropriate support from family, friends, case managers, or others in the community during the period of outpatient detention and treatment are:

10. That attached hereto and made a part hereof is a list of names and addresses of persons known to petitioner to have personal knowledge of the above facts.

11. That _____ is an appropriate mental health facility/alcohol or drug abuse facility for the outpatient treatment/rehabilitation of the respondent's condition; the head of said facility has agreed to accept the respondent; and said facility is the least restrictive environment available in which respondent can be treated.

WHEREFORE, petitioner requests the court to cause a hearing to be held on said application, and at the conclusion thereof to find that the respondent has a mental illness/abuses alcohol or drugs or both, and by reason of such mental illness/alcohol or drug abuse or both, continues to present a likelihood of serious harm to himself or others, and to order that the respondent be detained for involuntary outpatient treatment for such mental illness for an additional period not to exceed 180 days.

DATED THIS _____ DAY OF _____, 20_____.

PETITIONER	TITLE		
ADDRESS	CITY	STATE	ZIP
TELEPHONE			



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

IN THE MATTER OF _____, RESPONDENT.

PSYCHIATRIST

LICENSED PHYSICIAN

MENTAL HEALTH PROFESSIONAL

HEREBY, VERIFIES UNDER OATH THAT _____ HAS
EXAMINED THE RESPONDENT AND THAT THE ALLEGATIONS MADE IN THE FOREGOING
PETITION ARE TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

PSYCHIATRIST

LICENSED PHYSICIAN

MENTAL HEALTH PROFESSIONAL

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE _____		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS _____ DAY OF _____ YEAR _____		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	USE RUBBER STAMP IN THE CLERA AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
DIVISION CLERK			
DEPUTY DIVISION CLERK			