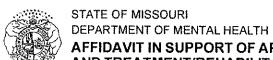
IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI PROBATE DIVISION AT KANSAS CITY/INDEPENDENCE

In the Matter of:			Estate Number:
		Ward.	
	PE	TITION TO ADMIT	WARD TO FACILITY
Come	s now the undersigne	d petitioner and states	;
1.	Petitioner was heret	ofore appointed *(lim	ited) guardian of the person of the above named
2.	That since	(date) the ward	has been residing at: (address, city, state, zip)
	which residence is (name and type of faci	lity)
3.			ition, the ward is in need of admission to:
			for *(care - treatment).
4.			vior is set forth in the *(Affidavit in Support of o and incorporated herein by reference as
5.	That said facility is	an appropriate placem	nent for the ward and due to the ward's present
6.	That the probable d		placement in said facility is
		orays the court to enter by for the period of time	r an order authorizing the ward's admission to be stated above.
		ge and belief of the un	et forth in the foregoing petition are true and dersigned subject to the penalties of making a
Dated	•		
			Guardian
*Strik	e inapplicable		



AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION AND TREATMENT/REHABILITATION - ADMIT WARD TO FACILITY

IN THE MATTER OF .				, RESPONDENT
	*PERSON ALLEGED TO BE MENTALLY D	DISORDERE	D .	
			. Н	EREBY AFFIRMS AN OATH AS FOLLOWS
(*Describe the behavior disordered or an alcoh		ts which s	upports the o	conclusion that respondent is mentally
			Market State Control of the Control	
			······································	

*please use second pa			***************************************	
AE (SIGNATURE) (and printed name)				
Y		STATE	ZIP CODE	TELEGUOVE
	CTATE OF	SIAIE	ZPCODE	TELEPHONE
'ARY PUBLIC EMBOSSER OR CK INK RUBBER STAMP SEAL	STATE OF	O SWARN REFORE HE THE		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME. THE		AR	USE RUBBER STAMP IN CLEAR AREA BELO
	NOTARY PUBLIC SIGNATURE	MY	COMMISSION PIRES	TO THE PROPERTY OF THE PROPERT
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		464-48-49-49-49-49-49-49-49-49-49-49-49-49-49-	

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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: