



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.

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/alcohol or drug abuser as defined by law and presents a likelihood of serious harm to h\_\_\_self or others, and thus is in need of detention, evaluation and treatment/rehabilitation.

3. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser or both 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 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 \_\_\_\_\_ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, RSMo.

\_\_\_\_\_, applicant herein, verifies and affirms that the facts stated in the foregoing application are true to the best of h\_\_\_ knowledge and belief.

Attachments

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



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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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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