



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.

Date of Birth: _____

Gender: Male Female

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/abuses alcohol or drugs or both 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/abuses alcohol or drugs 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 of 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 EMBOSSESSOR 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	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			
USE RUBBER STAMP IN CLEAR AREA BELOW				