



**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 and/or abuses alcohol and/or drugs, as defined by law, and presents a likelihood of serious harm to himself/herself or others, and thus is in need of detention, evaluation, and treatment/rehabilitation in a mental health facility and/or alcohol or drug abuse facility.

3. The facts that support the applicant's belief that the respondent is mentally disordered and/or abuses alcohol and/or drugs 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 an appropriate and willing mental health facility and/or alcohol or drug abuse facility for detention, evaluation, and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo, or Chapter 631, RSMo. Applicant hereby swears and affirms that the facts stated in the foregoing application are true to the best of his/her knowledge and belief.

Attachments

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| DIVISION CLERK | | DEPUTY DIVISION CLERK | | |
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| APPLICANT | | | TELEPHONE | |
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| STREET | CITY | COUNTY | STATE | ZIP CODE |
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