

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH

APPLICATION TO COURT FOR 96 HOUR DETENTION, EVALUATION AND TREATMENT/REHABILITATION

NO.	
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IN THE CIRCUIT COURT OF COUNTY, MISSOURI PROBATE DIVISION								
IN	IN THE MATTER OF, RESPONDENT.							
DAT	GENDER: □	MALE	.E					
The applicant herein state	es to the Court as follow	ws:						
1. That the respondent			, age	, birthdate		_, resides at		
(STREET)	(CITY)		(COUNTY)		(STATE)	(ZIP CODE)		
and is now at						<u>.</u>		
That the applicant has law and presents a I treatment/rehabilitation	ikelihood of serious h	•	-		_	-		
3. The facts that support	the applicant's belief th	nat the respondent	is mentally disorde	ered/abuses alcohol	or drugs or b	oth are:		
5. That attached and ma known to the applicant WHEREFORE, the applican custody and transferred to detention, evaluation and treat	to have personal know	vledge of the facts. o hold a hearing or	n this application a	and to order that the	respondent,	be taken in to		
affirms that the facts stated in	the foregoing applicati	ion are true to the b	est of h kno		cant herein,	verifies and		
Attachments								
DIVISION CLERK	DEPUTY DIVISION CLERK By							
APPLICANT			,	TELEPHONE				
STREET		CITY		COUNTY	STATE	ZIP CODE		
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE			COUNTY (OR CITY OF S	T. LOUIS)			
	SUBSCRIBED AND SWORN BE	FORE ME, THIS						
DAY OF NOTARY PUBLIC SIGNATURE			YEAR MY COMMISSION	USE RUBBER STA	MP IN CLEA	R AREA BELOW.		
	22.2.2.3.0.010		EXPIRES					
	NOTARY PUBLIC NAME (TYPE	D OR PRINTED)		-				