

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH APPLICATION TO COURT FOR 96 HOUR DETENTION, EVALUATION AND TREATMENT/REHABILITATION

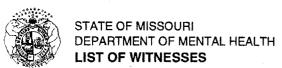
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!	NO.		

IN THE CIRCU	COUNTY, MISSOURI							
PROBATE DIVISION								
IN THE	MATTER OF			, RESPONDENT.				
The applicant herein s	tates to the Court as	follows:				•		
1. That the responde	nt		, age	e , birthdate_		, resides at		
(STREET) and is now at	(CITY)	(CC			(ZIP C	ODE)		
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 hself or others, and thus is in need of detention, evaluation and treatment/rehabilitation.								
3. The facts that sup are:	port the applicant's b	elief that the resp	ondent is mental	ly disordered/alcoho	ol or drug a	abuser or both		
That attached and persons known to the app WHEREFORE, the app	olicant to have person	al knowledge of t	he facts.					
be taken into custody and detention, evaluation and RSMo/Chapter 631, RSM	transferred to treatment/rehabilitation.	on for a period n	ot to exceed 96 i	nours pursuant to C	Chapter 63	for		
Attachments	oo wa the follogoling up		to the best of h	Knowneage and	bener.			
DIVISION CLERK		l _	EPUTY DIVISION CLERK					
APPLICANT	- 	· · · · · · · · · · · · · · · · · · ·		TELEPHONE	.,			
STREET	· · · · · · · · · · · · · · · · · · ·	CITY .	· · · · · · · · · · · · · · · · · · ·	COUNTY	STATE	ZIP CODE		
NOTARY PUBLIC EMBOSSER SEAL	STATE OF	<u> </u>	• • ; • • • • • • • • • • • • • • • • •	COUNTY (OR CITY OF ST.	LOUIS)			
SUBSCRIBED AND SWORN BEFORE ME. THIS								
DAY (DAY OF	MY COMMISSION EXPIRES	USE RUBBER ST	AMP IN CLEA	R AREA BELOW.		
NOTARY PUBLIC NAME (TYPED OR PRINTED)								



IN THE MATTER OF	-	-			, RESPONDENT,
			, HE	REBY AFFIRMS A	N OATH AS FOLLOWS:
(Describe the behadisordered or an alc	vior which respondent ex ohol or drug abuser and pr	hibits which esents a like	n supports the elihood of seri	e conclusion that lous harm to himse	respondent is mentally elf or others.)
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ME (SIGNATURE)					
EET ADDRESS					
,		STATE	ZIP CODE	TELEPHONE (
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			EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PR	INTED)			

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NO.	
NO.	

IN THE CIRCUIT COURT OFCOUNTY, MISSOURI								
PROBATE DIVISION								
IN THE MATTER OF, RESPONDENT.								
O (ATTORNEY FOR RESPONDENT)	-							
FOLLOWING ARE THE NAMES, TO THE APPLICANT/PETITIONE	ADDRESSES, A R:	ND TELEPI	HONE NUMBER OF PROS	PECTIVE	WITNESSES KNOWN			
NAME	RELATIONSHIP		ADDRESS		PHONE			
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APPLICANT/PETITIONER			TITLE					
FACILITY								
ADDRESS								
CITY			STATE		ZIP			
TELEPHONE								