

# 96 Hour Commitment

**Before filing this form you must have a physical address of where the Respondent can be located.**

There are 4 forms attached:

**1. Respondent Information**

\*Please complete form in its entirety. If you do not know the Respondent's Social Security Number or Date of Birth, please write "unknown"

**2. Application to Court for 96 Hour Detention**

\*Please complete form in its entirety.

Please sign at the bottom left of the page next to APPLICANT

**3. Affidavit in Support of Application for Detention**

\*Please complete form in its entirety.

Please sign at the bottom left of the page next to NAME

**4. List of Witnesses**

\*Please complete form in its entirety.

Please sign at the bottom left of the page next to APPLICANT/PETITIONER

If you have questions, please contact Deanna Nilges, Probate Clerk at 573.634.9177.

Thank you!

### CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE

**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** The full Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case, such as plaintiff, defendant, decedent, or ward/protectee, and is reasonably available. Name and addresses should be listed for all other parties (i.e. heirs, interested parties) on the case and if reasonably available include DOB and social security number. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_  
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: HA Case Type Description: \_\_\_\_\_

Party Type Code: <u>APP</u> Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: <u>RES</u> Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.\***



IN THE 19TH JUDICIAL CIRCUIT COURT, COLE COUNTY, MISSOURI

Judge or Division: PROBATE	Case Number:
In the Matter of _____, Respondent.	

(Date File Stamp)

**Respondent Information Sheet**

Name of respondent: \_\_\_\_\_

Residence address of respondent: \_\_\_\_\_

Telephone number at residence address: \_\_\_\_\_

Address at which respondent may be located: \_\_\_\_\_

Telephone number at address where respondent may be located: \_\_\_\_\_

The following will be at above address or may be contacted by officers: \_\_\_\_\_

**Description of Respondent:**

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Distinguishing marks or features:

\_\_\_\_\_  
\_\_\_\_\_

Guns, knives, or other weapons in possession of respondent:

\_\_\_\_\_  
\_\_\_\_\_

**Remarks:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 in to 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
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STREET	CITY	COUNTY	STATE	ZIP CODE
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	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

( )

NOTARY PUBLIC EMBOSSEER 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)

