

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 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: COLE

Style of Case: IN THE MATTER OF
(i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: HA Case Type Description: 96 HR HOLD APPLICATION MH 60

Party Type Code: APP Party Type Description: APPLICANT

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB/DOD: _____ Gender: Male Female SSN: _____

Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Party Type Code: RES Party Type Description: RESPONDENT

Name (if a person): (Last) _____ (First) _____ (Middle) _____

Organization (if non-person): _____

Address: _____

City: _____ State: _____ Zip: _____ Contact Telephone Number: _____

DOB/DOD: _____ Gender: Male 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: Male 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: 22AC-MH00
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 COLE 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
STREET	CITY	COUNTY COLE	STATE MO
			ZIP CODE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN CLEAR AREA BELOW.
	DAY OF	YEAR	
	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
MO

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)

