

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

5. VERIFICATION

*To be completed by Psychiatrist/Licensed Physician/Mental Health Professional.

If you have questions, please contact the 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 MH15

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: _____

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: _____

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 CIRCUIT COURT OF COLE COUNTY, MISSOURI

Probate Division	Case Number: 23AC-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: _____ Sex: _____ 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 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

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



**AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION
AND TREATMENT/REHABILITATION - ADMISSION FOR 96 HOURS**

IN THE MATTER OF _____, respondent, a person alleged to be 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 in need of detention, evaluation, and treatment/rehabilitation in a mental health facility and/or alcohol or drug abuse facility.

Applicant, _____, hereby swears and affirms that the statements made below are true to the best of his/her knowledge and belief:

(Describe the behavior that respondent exhibits that supports the conclusion that respondent is mentally disordered and/or abuses alcohol and/or drugs and presents a likelihood of serious harm to himself/herself or others.)

NAME (SIGNATURE)

NAME (PRINT)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
VERIFICATION

IN THE MATTER OF _____, RESPONDENT.

PSYCHIATRIST

LICENSED PHYSICIAN

MENTAL HEALTH PROFESSIONAL

HEREBY, verifies under oath that _____
has examined the respondent and hereby swears and affirms that the statements made in the foregoing
application are true to the best of his/her knowledge and belief.

PSYCHIATRIST SIGNATURE

LICENSED PHYSICIAN SIGNATURE

MENTAL HEALTH PROFESSIONAL SIGNATURE

DIVISION CLERK

DEPUTY DIVISION CLERK



IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI

Probate Division	Case Number: 23AC-MH00
In the Matter of _____, Respondent.	

(Date File Stamp)

Order for 96 Hour Detention, Evaluation and Treatment and Warrant (Mental Health)

The court takes up the application of _____ for the detention, evaluation and treatment of the respondent. The applicant is present in person. The respondent is [] not present [] present. The court having heard and examined the evidence submitted finds that the respondent is in this county and that there is probable cause to believe that the respondent has a mental disorder and presents a likelihood of serious harm to respondent or others.

It is ordered that the respondent is placed in the custody of the Director of the Department of Mental Health; or the head of _____, a mental health facility, for detention, evaluation and treatment for a period not to exceed 96 hours unless a petition for a further period of detention and treatment is filed with the court of competent jurisdiction.

It is further ordered that a warrant be issued directing the Sheriff of _____ County, Missouri, or any other peace officer of the State of Missouri, to take the respondent into custody and transport respondent to: _____ This order is valid for _____ days.

Warrant

The State of Missouri to the Sheriff of _____ County, Missouri or any Peace Officer in the State of Missouri:

Because an application for the detention, evaluation and treatment of _____, respondent, has been filed and the court has found that there is probable cause to believe that the respondent has a mental disorder and presents a likelihood of serious harm to the respondent or others, you are commanded to take the respondent into custody and transport the respondent to _____ for detention, evaluation and treatment.

If the respondent is not found and transported to the named facility within _____ days, this order will become void. Upon executing this warrant, you shall make a return to the Probate Division Clerk.

DATE:	
COMMISSIONER	JUDGE
Executed this Warrant on: _____	
SHERIFF	_____, MISSOURI.
BY:	