

REFERENCE GUIDE FOR CIVIL INVOLUNTARY DETENTION: FORMS

DIVISION OF
COMPREHENSIVE PSYCHIATRIC SERVICES

LIST OF CIVIL INVOLUNTARY DETENTION FORMS: MENTAL HEALTH AND ALCOHOL AND DRUG

DMH 128	Application to Court for 96 Hour Detention, Evaluation and Treatment/Rehabilitation
	 Used to apply to court for 96 hour detention for mental health and alcohol and drug
	Completed by any adult person
	 Must have Affidavits (DMH 142) and Witness List (DMH 137) attached
	Must be notarized
	Presented to the Probate Court in the county where the person may be found
	Copies provided within 3 hours to the Client
	Copies sent within 24 hours to the Probate Court in the county where the facility is
*D1411 400	Copies to Medical Record, Client's Attorney, and Department of Mental Health
*DMH 129	Order for 96 Hour Detention, Evaluation and Treatment/Rehabilitation
	Order for 96 hour detention for mental health and alcohol and drug
	Issued by the Probate Court in the county where the person may be found Online and within 24 hours to the Parkets Court in the county where the facility is
	Copies sent within 24 hours to the Probate Court in the county where the facility is Copies to Medical Record Client's Atterney, and Reportment of Mental Health
*000A MII45	Copies to Medical Record, Client's Attorney, and Department of Mental Health Only for 06 Heavy Detection Transferred and Balashilltetics and Measure (MII)
*OSCA MH15	Order for 96 Hour Detention, Treatment and Rehabilitation and Warrant (MH)
	Order for 96 hour detention for mental health only Plus a Warrent for Law Enforcement to assume quetady and transport.
	 Plus a Warrant for Law Enforcement to assume custody and transport Issued by the Probate Court in the county where the person may be found
	Executed and signed by the Sheriff
	Copies sent within 24 hours to the Probate Court in the county where the facility is
	Copies to Medical Record, Client's Attorney, and Department of Mental Health
*OSCA MH20	Order for 96 Hour Detention, Treatment and Rehabilitation and Warrant (A&D)
OOCA MITIZO	Order for 96 hour detention for alcohol and drug only
	Plus a Warrant for Law Enforcement to assume custody and transport
	Issued by the Probate Court in the county where the person may be found
	Executed and signed by the Sheriff and returned to the Probate Court
	Copies sent within 24 hours to the Probate Court in the county where the facility is
	Copies to Medical Record, Client's Attorney, and Department of Mental Health
*DMH 130	Warrant
	Warrant for Law Enforcement to assume custody and transport
	 Issued by the Probate Court in the county where the person may be found
	 Executed and signed by the Sheriff and returned to the Probate Court
DMH 131	Request for Transportation to Mental Health Facility/Alcohol and Drug Abuse Facility
	Mental Health Coordinator form to request transportation by law enforcement
DMH 132	Application for 96 Hour Imminent Harm Admission to Mental Health/Alcohol & Drug Abuse Facility
	Used to apply for 96 hour detention for mental health and alcohol and drug
	Completed by Peace Officer or Facility Designee
	 Must have Affidavits (DMH 142) and Witness List (DMH 137) attached
	Must be notarized
	Presented to the Head of the Facility
	Copies provided within 3 hours to the Client
	 Copies sent within 24 hours to the Probate Court in the county where the facility is
	Copies to Medical Record, Client's Attorney, and Department of Mental Health
D1111 400	Application for 96 Hour Detention, Evaluation, and Treatment/Rehabilitation of a Voluntary Patient
DMH 133	Requesting Release
	• Used to apply for 96 hour detention for mental health and alcohol and drug for a voluntary client who is
	requesting release

• Must be notarized

Completed by Facility Designee
Must have Affidavits (DMH 142) and Witness List (DMH 137) attached

- · Copies provided within 3 hours to the Client
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

DMH 134-1

Petition for Involuntary Detention and Treatment

- Used to apply for detention beyond 96 hours for mental health and alcohol and drug
- Completed by Facility Designee
- Must have Verification (DMH 134-2) and Witness List (DMH 137) attached
- Original presented to the Probate Court in the county where the facility is
- · Copies to Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health
- Court will serve the Client and the Client's Attorney with the Petition

DMH 134-2

Verification

- Used with Petition (DMH 134-1 to apply for detention beyond 96 hours for mental health and alcohol and drug
- For mental health, completed by: 1) a psychiatrist or by 2) a licensed physician and a mental health professional
- For alcohol and drug, completed by a licensed physician
- · Original presented to the Probate Court in the county where the facility is
- Copies to Medical Record, Client, Client's Attorney, Prosecuting Attorney and Department of Mental Health

*DMH 135

Order Setting Hearing on Application for Additional Detention and Treatment and Confirming

- Issued by the Probate Court setting the date and time for the hearing, continuing the service of the attorney and ordering all records made available to the attorney for mental health and alcohol and drug
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart, Client's Attorney, Department of Mental Health

*OSCA MH25

Order Setting Hearing on Petition for Additional Detention and Treatment and Confirming

- Issued by the Probate Court setting the date and time for the hearing, continuing the service of the
 attorney and ordering all facility records made available to the attorney for mental health only (OSCA
 form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart, Client's Attorney, Department of Mental Health

*OSCA MH30

Order Setting Hearing on Petition for Additional Detention and Treatment and Confirming

- Issued by the Probate Court setting the date and time for the hearing, continuing the service of the attorney and ordering all facility records made available to the attorney for alcohol and drug only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart, Client's Attorney, Department of Mental Health

*DMH 136

Judgment for Involuntary Inpatient Detention and Treatment/Rehabilitation

- Issued by the Probate Court order further detention for mental health and alcohol and drug
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart, Client's Attorney, Department of Mental Health

*OSCA MH35

Judgment for Involuntary Detention and Treatment (MH)

- Issued by the Probate Court order further detention for mental health only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart. Client's Attorney, Department of Mental Health

*OSCA MH40

Judgment for Involuntary Detention and Treatment (A&D)

- Issued by the Probate Court order further detention for alcohol and drug only (OSCA form)
- Copies distributed by the Probate Court. The facility should ensure that copies go to the Client, Client's Chart, Client's Attorney, Department of Mental Health

DMH 137

List of Witnesses

- Completed for all 96 hour applications; Court DMH 128, Imminent Harm DMH 132, Voluntary to Involuntary DMH 133 and Petition DMH 143-1 for mental health and alcohol and drug
- Completed by the applicant
- Lists names, addresses and telephone numbers of any prospective witnesses
- Presented to the Probate Court with a DMH 128 or DMH 134-1 Application

- Presented to the Head of the Facility with a DMH 132 or DMH 133 Application
- Copies to Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health
- · Court will serve the Client and the Client's Attorney with the List of Witnesses

DMH 138

Notice of Admission of Involuntary Patient

- Completed by the Head of the Facility upon the admission of an involuntary client for mental health and alcohol and drug
- Copies provided within 3 hours to the Client
- Provides the date of admission, proof that notice of rights was given and name of the attorney designated from the list provided by the Probate Court
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

DMH 139

Withdrawal Petition (MH)

- Completed by the applicant, most usually the Head of the Facility, withdrawing the petition for further detention and stating the reasons why for mental health
- Presented to the Probate Court in the county where the facility is along with DMH 147 Notice of Discharge/Voluntary Admission
- Copies to Client, Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health

DMH 8537

Withdrawal Petition (A&D)

- Completed by the applicant, most usually the Head of the Facility, withdrawing the petition for further detention and stating the reasons why for alcohol and drug
- Presented to the Probate Court in the county where the facility is along with DMH 147 Notice of Discharge/Voluntary Admission
- Copies to Client, Medical Record, Client's Attorney, Prosecuting Attorney and Department of Mental Health

DMH 140

Application for Order Appointing Independent Physician/Psychologist

Filed by the client's attorney requesting the Probate Court to appoint a licensed physician or
psychologist to examiner the client and testify on his behalf at hearings for detention beyond 21 days
for mental health only

*DMH 141

Order Appointing Independent Physician/Psychologist

 Issued by the Probate Court appointing a licensed physician or psychologist to examiner the client and testify on his or her behalf at hearings for detention beyond 21 days for mental health only

*OSCA MH45

Order Appointing Independent Physician/Psychologist

 Issued by the Probate Court appointing a licensed physician or psychologist to examiner the client and testify on his or her behalf at hearings for detention beyond 21 days for mental health only (OSCA form)

DMH 142

Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation -

- Used to support an application (DMH 128, DMH 132, DMH 133) for 96 hour detention for mental health and alcohol and drug
- · Completed by any adult person
- Describes the behavior that supports that the client presents a likelihood of serious harm as the result
 of mental disorder or alcohol or drug abuse
- Must describe behavior that supports ① the presence of a mental disorder and ②the likelihood of harm as the result of the mental disorder
- · Must be notarized
- Presented to the Probate Court with a DMH 128 Application
- Presented to the Head of the Facility with a DMH 132 or DMH 133 Application
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

*DMH 143

Notice of Hearing on Petition for Additional Detention and Treatment

- Issued by the Probate Court providing notice to the client and the client's attorney that a petition for further detention has been filed and provides the date and time of the hearing for mental health and alcohol and drug
- · Served by the Sheriff

*OSCA MH26

Notice of Hearing on Petition for Additional Detention and Treatment (MH)

- Issued by the Probate Court providing notice to the client and the client's attorney that a petition for further detention has been filed and provides the date and time of the hearing for mental health only
- Served by the Sheriff (OSCA form)

*OSCA MH31

Notice of Hearing on Petition for Additional Detention and Treatment (A&D)

- Issued by the Probate Court providing notice to the client and the client's attorney that a petition for further detention has been filed and provides the date and time of the hearing for alcohol and drug only
- Served by the Sheriff (OSCA form)

DMH 145

Notice of Rights of Involuntary Patient

- Presented to any person admitted for 96 hour detention for mental health and alcohol and drug
- Must be presented within to client 3 hours of admission
- Provided within 8 hours to guardian or with consent to family
- A staff member must have the client read the rights or must read the rights to the person
- The staff member must sign the form
- Copies sent within 24 hours to the Probate Court in the county where the facility is
- Copies to Medical Record, Client's Attorney, and Department of Mental Health

*DMH 146

Order for Release

 Issued by the Probate Court when the client is found not to meet criteria for further detention for mental health and alcohol and drug

*OSCA MH50

Order for Release (MH)

 Issued by the Probate Court when the client is found not to meet criteria for further detention for mental health only (OSCA form)

*OSCA MH55

Order for Release (A&D)

 Issued by the Probate Court when the client is found not to meet criteria for further detention for alcohol and drug only (OSCA form)

DMH 147

Notice of Discharge/Voluntary Admission (MH)

- Completed by the Head of the Facility to notify the Probate Court of the client's discharge or voluntary admission for mental health
- Ends the commitment
- · Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 8543

Notice of Discharge/Voluntary Admission (A&D)

- Completed by the Head of the Facility to notify the Probate Court of the client's discharge or voluntary admission for alcohol and drug
- Ends the commitment
- Copies sent to the Probate Court in the county where the facility is
- · Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 148

Request for Change of Venue to Respondent's County of Residence (MH)

- Presented to the Probate Court requesting that the hearing for further detention be held in the client's county of residence for mental health
- Completed by the client, or the client's parent or guardian or attorney

DMH 8544

Request for Change of Venue to Respondent's County of Residence (A&D)

- Presented to the Probate Court requesting that the hearing for further detention be held in the client's county of residence for alcohol and drug
- Completed by the client, or the client's parent or guardian or attorney

DMH 149

Order for Change of Venue to Respondent's County of Residence (MH)

 Issued by the Probate Court ordering that the hearing for further detention be held in the client's county of residence for mental health

DMH 8545

Order for Change of Venue to Respondent's County of Residence (A&D)

 Issued by the Probate Court ordering that the hearing for further detention be held in the client's county of residence for alcohol and drug

DMH 150

Conditional Release for Involuntarily Detained Patient

- Used to place a detained client on conditional release in the community for mental health
- Completed by the Head of the Facility and signed by the client and mental health professional
- Specifics conditions of release, follow-up care and the provider

- · Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 151 Notice to Patient of Revocation of Conditional Release

- Used by the Head of the Facility to revoke the conditional release
- The Probate Court may order the law enforcement to detain and transport the client the mental health facility
- The Probate Court may order a hearing on the revocation of conditional release
- Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

DMH 152 Request for Hearing on Revocation of Conditional Release

 Completed by the client to request that the Probate Court hold a hearing on the revocation of conditional release

DMH 153 Trial Visit for Involuntarily Detained Patient

- Used for a trial visit to the community for a detained for mental health
- Completed by the Head of the Facility and signed by the client
- · Copies sent to the Probate Court in the county where the facility is
- Copies to Client, Medical Record, Client's Attorney, and Department of Mental Health

^{*} DENOTES PROBATE COURT ORIGINATED FORMS



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

NO.		

2. That the applicant has reason to believe that the respondent is mentally disordered/abuses alcohol or drugs or both as defin law and presents a likelihood of serious harm to hself or others, and thus is in need of detention, evaluation 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 per 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 take custody and transferred to	IN THE MATTER OF DATE OF BIRTH: The applicant herein states to the Court as follows:			NT.	
DATE OF BIRTH:	DATE OF BIRTH: The applicant herein states to the Court as follows:			NT.	
The applicant herein states to the Court as follows: 1. That the respondent	The applicant herein states to the Court as follows:	GENDER: □ M	ALE		
1. That the respondent	,			ALE	
and is now at	1. That the respondent				
and is now at		age	, birthdate		, resides a
2. That the applicant has reason to believe that the respondent is mentally disordered/abuses alcohol or drugs or both as defined and presents a likelihood of serious harm to hself or others, and thus is in need of detention, evaluation 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 performed 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 take custody and transferred to	(STREET) (CITY)	(COUNTY)		(STATE)	(ZIP COD
law and presents a likelihood of serious harm to hself or others, and thus is in need of detention, evaluation 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 perknown 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 take custody and transferred to detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, if applicant herein, verifies affirms that the facts stated in the foregoing application are true to the best of h knowledge and belief. Attachments DEPUTY DIVISION CLERK DEPUTY DIVISION CLERK By TELEPHONE TELEPHONE	and is now at				
5. That attached and made a part of hereof are affidavits in support of this application and the names and addresses of pe 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 take custody and transferred to	The facts that support the applicant's belief that the respondent	is mentally disordere	d/abuses alcoho	ol or drugs or b	ooth are:
WHEREFORE, the applicant requests the Court to hold a hearing on this application and to order that the respondent, be take custody and transferred to	That attached and made a part of hereof are affidavits in supplement to the applicant to have personal knowledge of the facts.	ort of this applicatior	and the name	s and address	es of persons
detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, applicant herein, verifies affirms that the facts stated in the foregoing application are true to the best of h knowledge and belief. Attachments DEPUTY DIVISION CLERK By TELEPHONE	WHEREFORE, the applicant requests the Court to hold a hearing on		to order that th	e respondent,	be taken in t
Attachments DEPUTY DIVISION CLERK By TELEPHONE		eed 96 hours pursuan			
ISION CLERK DEPUTY DIVISION CLERK BY TELEPHONE REET CITY COUNTY STATE ZIP CODI TARY PUBLIC EMBOSSER OR STATE COUNTY OR CITY OF ST. LOUIS)		est of h knowle		moant herein,	vernies and
PLICANT TELEPHONE CITY COUNTY STATE ZIP CODE TARY PUBLIC EMBOSSER OR STATE COUNTY (OR CITY OF ST. LOUIS)					
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TARY PUBLIC EMBOSSER OR STATE COUNTY (OR CITY OF ST. LOUIS)	B		TELEPHONE		
	PLICANT	CC	DUNTY	STATE	ZIP CODE
SUBSCRIBED AND SWORN BEFORE ME, THIS	PLICANT REET CITY TARY PUBLIC EMBOSSER OR STATE				ZIP CODE
NOTARY PUBLIC SIGNATURE MY COMMISSION	PLICANT REET CITY TARY PUBLIC EMBOSSER OR CK INK RUBBER STAMP SEAL SUBSCRIBED AND SWORN BEFORE ME, THIS		COUNTY (OR CITY OF	ST. LOUIS)	
EXPIRES	TARY PUBLIC EMBOSSER OR CK INK RUBBER STAMP SEAL SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF	YEAR	COUNTY (OR CITY OF	ST. LOUIS)	

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STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH

ORDER FOR 96 HOUR DETENTION, EVALUATION AND TREATMENT/REHABILITATION

No.			
NO.			

IN THE CIRCUIT COURT OF COUNTY, MISSOURI PROBATE DIVISION IN THE MATTER OF, RESPONDENT.	
·	
Now on this day of,	
20, the Court takes up the application of	for
the detention, evaluation and treatment/rehabilitation of the respondent,	
The applicant is present in person. The respondent is is not present.	
The Court having heard and examined the evidence submitted finds that the respondent is present	tlv
located in this county and that there is probable cause to believe that the respondent has a mental	
disorder/alcohol or drug abuser and presents a likelihood of causing serious harm to h self or others.	
Wherefore, it is ordered that the respondent is hereby placed in the custody of the Director of the	
Department of Mental Health; or the head of, a privat	
mental health facility/alcohol or drug abuse facility for the detention, evaluation and treatment/rehabilitation	
a period not to exceed 96 hours unless a petition for a further period of detention and treatment/rehabilitation	on
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 ar	
transport hto, a menta	I
health facility/alcohol and drug abuse facility.	
This order is valid for days.	
Judge	
MO 650-0180 (1-03)	MH 129

IN THE CIT	RCUIT COURT OF		_COUNTY, MISSOURI
Probate Division	Case Number:		
In the Matter of		, Respondent.	
Order fo	v 06 Hour Detention	Evaluation and Treatme	(Date File Stamp)
Order to		Mental Health)	ut and warrant
evaluation and treatment The court having heard a cause to believe that the It is ordered that the	of the respondent. The applica- nd examined the evidence submarkers of the control of the customers of the c	nt is present in person. The respondentited finds that the respondent is in the and presents a likelihood of serious stody of the Director of the Departmenting, a n	nt is not present present. is county and that there is probable tharm to respondent or others. at of Mental Health; or the head of
		ours unless a petition for a further peri	od of detention and treatment is
filed with the court of con			
		ing the Sheriff of	
Missouri, or any other pe		ouri, to take the respondent into custoo	
		Warrant	
The State of Missouri to	the Sheriff of	c	ounty, 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

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:

custody and transport the respondent to _

OSCA (7-98) MH15

COMMISSIONER JUDGE

Executed this Warrant on: SHERIFF , MISSOURI.

1 of 1

BY:

632.305, RSMo

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OSCA (7-98) MH20

IN THE CIRCUIT COURT OF ______COUNTY, MISSOURI

			,
Probate Division	Case Number:		
In the Matter of		, Respondent.	
Order for	96 Hour Detention, Trea	tment and Rehabilitation	on and Warrant
	(Alco	ohol/Drug)	
The court takes up	the application of		for the detention,
	tion of the respondent. The applicant		
	and examined the evidence submitted		
cause to believe that the	respondent is an alcohol or drug abus	er and presents a likelihood of serio	ous harm to respondent or
others.			
It is ordered that the	e respondent is placed in the custody	of the Director of the Department of	of Mental Health; or the head of
			hol or drug abuse facility, for
	rehabilitation for a period not to exce		urther period of detention,
	ion is filed with the court of competer		
	d that a warrant be issued directing th		County,
Missouri, or any other pe	eace officer of the State of Missouri, t		
			r is valid for days.
		rant	
The State of Missouri to	the Sheriff of	Co	unty, Missouri or any Peace
Officer in the State of N			
	on for the detention, treatment and re-		
	, respondent, has been filed and		
	or drug abuser and presents a likeliho		nt or others, you are
commanded to take the re	espondent into custody and transport	the respondent to	
			atment and rehabilitation.
	not found and transported to the name		s, this order will become void.
Upon executing this warr	ant, you shall make a return to the Pro	bate Division Clerk.	
ATE:			
OMMISSIONER		JUDGE	V 4
Executed this W	arrant on:		
ERIFF			
			, MISSOURI.
/ :			

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631.115, 632.305, RSMo



STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH

WARRANT

No		

IN THE CIRCUIT COURT OFPROE	COUNT	TY, MISSOURI
IN THE MATTER OF	, F	RESPONDENT.
THE STATE OF MISSOURI TO THE SHERI	FF OF	COUNTY,
MISSOURI OR TO ANY OTHER PEACE OFFICER	N THE STATE OF MISSOURI:	
Whereas, an application for the detention, ev	aluation and treatment/rehabilitat	ion of
	has been filed herein, and the o	court has found that
there is probable cause to believe that the person has	s a mental disorder/alcohol or dru	g abuse and presents
a likelihood of serious harm to hself or others, yo	ou are therefore commanded to ta	ake into custody the
said and trans	port h to	
for detention, evaluation and treatment/rehabilitation.		
If the above-named person is not found and to	ansported to the named facility w	vithin
days, this order will become void.		
Upon executing this warrant, you shall make a	return thereon to the Probate Di	vision Clerk.
Judge	Division Clerk	Date
EXECUTED THIS WARRANT ON:	, 20	
Sheriff	County	B.A.
By (Deputy Sheriff)		, Missouri.
MO 650-0179 (1-03)		DMH 130

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH REQUEST FOR TRANSPORTATION TO A MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY

As a result of my personal observations and/or	r investigations, I have found reasonable cause to believe that
presents an imminent likelihood of serious harm	m to hself or others as a result of a mental disorder/alcohol
or drug abuse unless immediately taken into cu	ustody and I therefore request that you take
	ha ta anno a
Wil	ho is presently at
into custody and transport h to the	
where I shall make an appointment for h de	etention, evaluation and treatment/rehabilitation.
	•
AL HEALTH COORDINATOR	PHONE
ESS	
-	
550-0181 (8-96)	

MO 650-0182N (8-07)

(A MENTAL HEALTH FACILITY/ALCOHOL	OR DRUG ABUSE FACILITY)		
The applicant is a			who may complete this
application under Section 6	32.305.4, RSMo. or Section 631.120.1 R	SMo.	
The applicant herein sta	tes thathe has reason to believe that	the respondent,	
	, age, birthda	te,	gender Male Female, who resides at
STREET	CITY	COUNTY	STATE ZIP CODE
hself or others, and t	hus is in need of detention, evaluation a	d by law and presented treatment/rehabilit	nts an imminent likelihood of serious harm to itation in a mental health/alcohol or drug abuse s personal observation and/or investigation.
1. The facts that suppor	t the applicant's belief that the responder	nt is mentally disorde	ered/abuses alcohol or drugs or both are:
2. The facts that suppor	t the applicant's belief that the responder	nt presents an immin	nent likelihood of serious harm are:
Attached hereto and inco	orporated herein are the names and addre	sses of persons know	wn to the applicant to have personal knowledge
WHEREFORE, the appli	cant requests the mental health/alcohol o	r drug abuse facility t	to admit
	for detention	n, evaluation and tre	eatment/rehabilitation for a period not to exceed
96 hours pursuant to Chapt	er 632 RSMo. or Chapter 631, RSMo.		
APPLICANT			DATE 10/11/2007
ADDRESS	10-20-0		TELEPHONE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF NOTARY PUBLIC SIGNATURE	YEAR MY COMMISSION	USE RUBBER STAMP IN CLEAR AREA BELOW
		EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		7

DMH 132



APPLICATION FOR 96 HOUR DETENTION, EVALUATION AND TREATMENT/ REHABILITATION OF A VOLUNTARY PATIENT REQUESTING RELEASE

NO.

The applicant herein states the following: 1. The respondent is a voluntary patient who has requested h release from who may contain the papilicant is a who may contain the papilicant is a who may contain the papilication pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo. 3. The head of the facility, is mentally disordered/abuses alcohol or or both and as a result a likelihood of serious harm to h self or others and therefore has refused the patient's request for release. 4. The applicant herein states that he has reason to believe that the respondent, , age , birthdate , gender Male Female, who is present a patient at , a mental health/a or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm h self or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Sur is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:
The applicant herein states the following: 1. The respondent is a voluntary patient who has requested h release from a mental health facility/alcohol or drug abuse facility. 2. The applicant is a who may conthis application pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo. 3. The head of the facility, is mentally disordered/abuses alcohol or or both and as a result a likelihood of serious harm to hself or others and therefore has refused the patient's request for release. 4. The applicant herein states that he has reason to believe that the respondent,, gender Male Female, who is present a patient at, a mental health/a or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm hself or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Sur is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
1. The respondent is a voluntary patient who has requested h release from a mental health facility/alcohol or drug abuse facility. 2. The applicant is a who may conthis application pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo. 3. The head of the facility, is mentally disordered/abuses alcohol or or both and as a result a likelihood of serious harm to h self or others and therefore has refused the patient's request for release. 4. The applicant herein states that he has reason to believe that the respondent,, age, birthdate, gender Male Female, who is present a patient at, a mental health/a or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm h self or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Such is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
a mental health facility/alcohol or drug abuse facility. 2. The applicant is a
this application pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo. 3. The head of the facility,
this application pursuant to Sections 632.150 or 632.155, RSMo/Section 631.120 RSMo. 3. The head of the facility,
3. The head of the facility,
determined that
4. The applicant herein states that he has reason to believe that the respondent, , age , birthdate , gender Male Female, who is present a patient at , a mental health/a or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm h self or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Such is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
4. The applicant herein states that he has reason to believe that the respondent,, gender Male Female, who is present a patient at, a mental health/a or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm hself or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Sur is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
a patient at
a patient at
or drug abuse facility is suffering from a mental disorder/abuses alcohol or drugs or both and presents a likelihood of serious harm hself or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Sur is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
 hself or others and thus is in need of detention, evaluation and treatment in a mental health/alcohol or drug abuse facility. Such is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
is based upon facts derived from the applicant's personal observation and/or investigation. 5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
5. The facts that support the applicant's belief that the respondent is mentally disordered/alcohol or drug abuser are:
6. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:
6. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:
6. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:
6. The facts that support the applicant's belief that the respondent presents a likelihood of serious harm are:
Attached hereto and incorporated herein are the names and addresses of persons known to the applicant to have pe
knowledge of said facts.
WHEREFORE, the applicant requests the mental health/alcohol or drug abuse facility to admit
RSMo.
APPLICANT TELEPHONE
STREET CITY COUNTY STATE ZIP CODE
NOTARY PUBLIC EMBOSSER OR STATE OF COUNTY (OR CITY OF ST. LOUIS) LACK INK RUBBER STAMP SEAL
SUBSCRIBED AND SWORN BEFORE ME, THIS
DAY OF YEAR USE RUBBER STAMP IN CLEAR AREA E NOTARY PUBLIC SIGNATURE MY COMMISSION
EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)

	CIRCUIT COURT	OF	PROBATE DIVISION	COUNTY, MISSOUR
	IN THE MATTE	ER OF	, F	RESPONDENT.
	DATE OF BIRT	Н:	GENDER: □ MALE	□FEMALE
The petition	oner herein states to t	he court as follows:	SSS - 182	
1. That th	e petitioner is a Desig	gnee of the Head of a Men	tal Health facility/Alcohol and Drug Abus	se facility.
2. That th	e respondent,	7:-	40000	, age, ir
		County, M	lissouri, was admitted to	
patient	in accordance with Cl	hapter 632 RSMo. or Chap	ter 631 RSMo. and is presently being det	ained and treated at said facility
drug at	ouse or both, continue	es to present a likelihood o	f serious harm to himself or others, and riod not to exceed \Box 21 days \Box 90 d	is in need of continued inpatie r
or drug	atient detention and tr abuse or both for a p	reatment/or is in need of co period not to exceed 3	ontinued inpatient detention and treatme 0 0 days \square 90 days.	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p	reatment/or is in need of co period not to exceed 3	ontinued inpatient detention and treatme	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p	reatment/or is in need of co period not to exceed 3	ontinued inpatient detention and treatme 0 0 days \square 90 days.	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p its that substantiate th	reatment/or is in need of or period not to exceed 3 ne petitioner's belief that th	ontinued inpatient detention and treatme 0 0 days \square 90 days.	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p its that substantiate th	reatment/or is in need of or period not to exceed 3 ne petitioner's belief that th	ontinued inpatient detention and treatme 80 days	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p its that substantiate th	reatment/or is in need of or period not to exceed 3 ne petitioner's belief that th	ontinued inpatient detention and treatme 80 days	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p its that substantiate th	reatment/or is in need of or period not to exceed 3 ne petitioner's belief that th	ontinued inpatient detention and treatme 80 days	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p its that substantiate th	reatment/or is in need of or period not to exceed 3 ne petitioner's belief that th	ontinued inpatient detention and treatme 80 days	nt/rehabilitation for such alco ho
or drug	atient detention and tr abuse or both for a p its that substantiate th	reatment/or is in need of or period not to exceed 3 ne petitioner's belief that th	ontinued inpatient detention and treatme 80 days	nt/rehabilitation for such alco ho

6.	The following attempts have been made to treat respondent on an outpatient basis:
	which have been unsuccessful because:
	or the respondent lacks the capacity to voluntarily consent to care, treatment and services because:
	or the respondent refuses to voluntarily consent to care, treatment/rehabilitation and services.
7.	The range and care, treatment and services to be provided to the respondent are:
8.	The name of the entity or entities who have agreed to fund and provide for the services described in paragraph 7, supra, is/are:
9.	The community support for the outpatient care and treatment of the respondent is:
	That attached hereto and made a part hereof is a list of names and addresses of persons known to petitioner to have personal knowledge of the above facts.
11.	That
	180 days/for such alcohol or drug abuse or both for an additional period not to exceed
TITIONER	TITLE
DORESS	CITY STATE ZIP
650-0149	

- materials				
IN THE MATTER OF			, RE	SPONDENT
PSYCHIATRIST				
LICENSED PHYSICIAN				
MENTAL HEALTH PROFESSIONAL	-			
HEREBY, VERIFIES HAS EXAMINED THE PETITION ARE TRUE	UNDER OATH THAT E RESPONDENT AND T TO THE BEST OF THEI	THAT THE ALLEGATI R KNOWLEDGE AND	ONS MADE IN THE F BELIEF	OREGOING
PSYCHIATRIST SIGNATURE				
LICENSED PHYSICIAN SIGNATURE				
MENTAL HEALTH PROFESSIONAL SIG	SNATURE			
NOTARY PUBLIC EMBOSSER OR	STATE		COUNTY (OR CITY OF ST. LOUIS)	
BLACK INK RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, TH	lis .	Country of discools	
	DAY OF	YEAR	USE RUBBER STAMP IN CLEA	R AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTER	D)		
DIVISION CLERK				-
DEPUTY DIVISION CLERK				
MO 650-6013 (3-00)				DMH 134-2

STATE OF MISSOURI

	DEPARTMENT OF MENTAL HEALTH ORDER SETTING HEARING ON APPLICATION FOR ADDITIONAL	
	DETENTION AND TREATMENT/REHABILITATION AND CONFIRMING APPOINTMENT OF ATTORNEY	NO.
	IN THE CIRCUIT COURT OF COUNTY, MIS	SOURI
	PROBATE DIVISION	
	IN THE MATTER OF, RESPONDEN	NT.
	ORDER SETTING HEARING ON APPLICATION FOR ADDITIONAL DETENTION	AND
	TREATMENT AND CONFIRMING APPOINTMENT OF ATTORNEY	
	Now on this,, the	court finds that an
	application has been filed seeking 🔲 21 day 🔲 90 day 🔲 one year additional inpatient o	r 🗌 180 day
	additional outpatient detention and treatment/rehabilitation of respondent/	90 day.
	It is therefore,	
	Ordered that a hearing on said application be held on the	day of
	,, ato'clock,	m., in the Probate
	Division of the Circuit Court of	County, Missouri at
	, Missouri.	
	It is further ordered that the previous appointment of	
	as attorney for respondent is hereby confirmed and extended for these proceedings.	
	It is further ordered that the head of,	a mental health
	facility/alcohol and drug abuse facility, make available to said attorney all infrmation and reco	ords of the
	facility concerning the respondent.	
_		

17

DMH 135

DATED:

JUDGE

MO 650-0150 (8-96)

IN THE CIT	RCUIT COURT OF	COUNTY, MISSOURI
Probate Division	Case Number:	
In the Matter of	, Respondent.	(Date File Stamp)
Order Sett	ing Hearing on Petition for Additional De	tention and Treatment
	and Confirming Appointment of Att (Mental Health)	corney
The court finds t	hat a petition has been filed seeking:	
☐ 21 days [90 days 🗌 one year additional inpatient detentio	n and treatment of respondent.
☐ 180 days	additional outpatient detention and treatment of res	pondent.
	rdered that a hearing on said petition be held in the	•
Court of	County, Missouri	, at
	, on	
at	M 🔲 PM.	
It is further ord	ered that the previous appointment of	
as attorney for respo	ndent is confirmed and extended for these proceeding	ngs.
It is further ord	ered that the head of	, a
mental health facility	, make available to said attorney all information and	d records of the facility
concerning the respo	ndent.	

OSCA (7-98) MH25

COMMISSIONER

DATE:

1 of 1

JUDGE

632.335, 632.340, RSMo

IN THE CIL	CUIT COURT OF	COUNTY, MISSOURI
robate Division	Case Number:	
n the Matter of	, Respondent.	
Order Setting He	aring on Petition for Additional Detention, and Confirming Appointment of Att (Alcohol/Drug)	
The court finds	that a petition has been filed seeking 30 days	90 days additional inpatient
detention, treatmen	t and rehabilitation of respondent.	
	ordered that a hearing on the petition be held in the County, Missouri, a	
		, on
	, at AM _ PM. dered that the previous appointment of	
	as attorney for responde	ent is confirmed and extended for
these proceedings.		
It is further or	dered that the head of	an alcohol and
drug abuse facility,	make available to said attorney all information and r	records of the facility concerning
the respondent.		
ATE:		

OSCA (7-98) MH30

1 of 1

631.145, 631.150, RSMo



STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH

JUDGMENT FOR INVOLUNTARY INPATIENT DETENTION AND TREATMENT/REHABILITATION

No.			
NO.			

IN THE CIRCUIT COURT OF COUNTY, MISSOURI
PROBATE DIVISION
IN THE MATTER OF, RESPONDENT.
Now on this, 20, the Court takes up the
petition of, seeking an order authorizing the
involuntary detention and treatment/rehabilitation of the respondent herein.
The petitioner is present in person and by attorney and the respondent appears by attorney and is present in
person or is absent because:
The Court, having the matters submitted, now finds upon clear and convincing evidence as follows:
That the respondent is a resident of County, Missouri.
2. That the respondent is presently being detained and involuntarily evaluated and treated/rehabilitated at
That the respondent has a mental illness or is an alcohol or drug abuser and by reason of such mental
illness/alcohol or drug abuse presents a likelihood of serious harm to himself or others, and is thus in need of
continued detention and treatment/rehabilitation.
4. That detention and treatment/rehabilitation in the least restrictive environment, as defined in Section
630.005 RSMo can be provided at
5. That is appropriate to
handle the respondent's condition and has agreed to accept respondent. It is, therefore,
Ordered, Adjudged and Decreed that respondent is hereby placed in the custody of the Director of the
Missouri Department of Mental Health to be detained for involuntary inpatient treatment/rehabilitation for a period not
to exceed
☐ 21 day ☐ 90 day ☐ one year or ☐ outpatient detention and treatment for a period not to exceed 180 days/
☐ 30 day ☐ 90 days for alcohol or drug abuse treatment.
Date:
Judge
MO 850.0151 (0.2006) DMH 136
MO 650-0151 (9-2006)

20

IN THE CIR	CUIT COURT OF	_ COUNTY, MISSOURI
Probate Division	Case Number:	
In the Matter of	, Respondent.	
	, Respondent.	(Date File Stamp)
	Judgment for Involuntary Detention and Tra (Mental Health)	eatment
The court takes	up the petition of	
	seeking an order authorizing the invol-	untary detention and
treatment of the res	pondent.	
	$s \square$ present in person \square and by attorney, and the respons	,
and is present in	person or is absent because:	
	is a resident of Countries being involuntarily detained, evaluated and treated at	
3. The respondent	has a mental illness and as a result presents a likelihood	of serious harm to
respondent or ot	hers and is thus in need of continued detention and treats	ment.
	eatment in the least restrictive environment, as defined in at	
		_, a facility appropriate to
handle the respon	ndent's condition and this facility has agreed to accept the	ne respondent.
	rdered that the respondent is placed in the custody of the all Health to be involuntarily detained for a period not to	
	90 days one year inpatient treatment.	cacced.
	outpatient treatment.	
DATE:		

OSCA (7-98) MH35

COMMISSIONER

1 of 1

JUDGE

632.335, 632.340, RSMo

	INTHE	CIRCUIT COURT OF	COUNTY, MISSOURI
roba	ate Division	Case Number:	
ı the	Matter of,	Res	spondent.
	To down and	C. T.)	(Date File Stamp)
	Juagment	for Involuntary Inpatient Detention (Alcohol/Drug	on, Treatment and Rehabilitation
	The court take	s up the petition of, seeking an order author	orizing the involuntary detention, treatment
ar		of the respondent.	determinent determinent
	The petitioner	is present in person and by atto	rney, and the respondent appears by
at	torney and		ecause:
		clear and convincing evidence finds:	
1.		t is a resident of	
2.	The responden	t is being involuntarily detained, treated a	nd rehabilitated at
3.	The responden	t is an alcohol or drug abuser and as a resu	alt presents a likelihood of serious harm to
		others and is thus in need of continued dete	
4.		tment and rehabilitation in the least restric	
		o, can be provided at	
		, a facility appropriate	to handle the respondent's condition and this
		eed to accept the respondent.	The second secon
	It is therefore	ordered that the respondent is placed in the	ne custody of the Director of the Missouri
De		ital Health to be detained for involuntary is	npatient treatment and rehabilitation for a

OSCA (7-98) MH40

COMMISSIONER

1 of I

JUDGE

631.145, 631.150, RSMo

	STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH LIST OF WITNESSES
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Tion of Winter			
IN THE CIRCUIT	COURT OF		COUNTY, MISSOURI
		PROBATE DIVISION	
IN THE MAT	TER OF		PESDONDENT
			, RESPONDENT.
TO (ATTORNEY FOR RESPONDENT)			
FOLLOWING ARE THE NAME	C ADDRESSES	AND TELEPHONE WHITE OF	
TO THE APPLICANT/PETITIO	NER:	AND TELEPHONE NUMBER OF F	PROSPECTIVE WITNESSES KNOWN
NAME	RELATIONSHIP	ADDRESS	PHONE
	-		
APPLICANT/PETITIONER		TITLE	
FACILITY			
PACIETY			
ADDRESS			
CITY		STATE	ZIP
ELEPHONE			
IO 650-0152N (8-96)			
(0-90)			DMH 137

١	NO.			

NOTICE OF ADMISSION	OF INVOLUNTARY	PAHENI		NO.
IN THE CIRCUIT COL	JRT OF		COUNTY, MIS	SSOURI
	PROBAT	E DIVISION		
IN THE MATTER OF				
RESPONDENT	, A PERSON ALLEG	ED TO BE MENTAL	LY DISORDERE	D.
NOTIC	CE OF ADMISSION (OF INVOLUNTARY P	ATIENT	
TO: JUDGE, PROBATE DIVISION, CI	RCUIT COURT OF			_ COUNTY, MISSOURI
			, RESPOND	ENT, WHO RESIDES AT,
	(STREET, C	EITY, COUNTY)		
COUNTY, MISSOURI, WAS ADMITT				
ON THE DAY OF _		, 20	, AT	O'CLOCKM.
ON AN INVOLUNTARY BASIS.				
ENCLOSED HEREWITH IS A COPY	OF THE APPLICATI	ON FOR RESPOND	ENT'S ADMISS	ION, A COPY OF THE
NOTICE GIVEN TO RESPONDENT AS				
SUCH NOTICE.			, , , , , , , , , , , , , , , , , , , ,	
THE ATTORNEY REPRESENTING	THE RESPONDEN	T IS		, WHO IS
DESIGNATED FROM THE LIST PROV	IDED BY THE COUP	rT.		
DATED:		,	20	
MENTAL HEALTH COORDINATOR OR HEAD OF FACILITY		,		
ADDRESS		CITY		
STATE	ZIP CODE			
	ZIP CODE		TELEPHONE NUMBER	
		:		
O SEO OLTEN IS ON				
O 650-0177N (3-02)				DMH-138



NI	\sim
IN	v.

WITHDRAWAL PETITION	
IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE DIVISI	ON
IN THE MATTER OF	, RESPONDENT,
A PERSON ALLEGED TO BE	MENTALLY ILL.
Comes now the applicant herein and withdraws the applic	eation for the □ 21 day □ 90 day □ one year
detention and treatment of	respondent, for the following reasons:
DATED:	, 20
PETITIONER	-

NO.

IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE IN THE MATTER OF A PERSON ALLEGED TO BE AN ALCOHO	
A PERSON ALLEGED TO BE AN ALCOHO	OL OR DRUG ABUSER OR BOTH.
Comes now the applicant herein and withdraws the treatment and rehabilitation of	
respondent, for the following reason:	,
	-
Dated this day of	, 2
	TITLE:

MO 650-5826 (4-92)

DMH 8537 (4-92)

MO 650-0176 (9-2006)

APPLICATION FOR ORDER APPOINTING INDEPENDENT PHYSICIAN/PSYCHOLOGIST No.

IN THE CIRCUIT COURT OFPROBATE DIV	COUNTY, MISSOURI
IN THE MATTER OF	RESPONDENT.
Come now	, respondent, by his
attorney, and requests the court, pursuant to Chapter 632 RSMo.	to appoint a reasonably available licensed
physician/psychologist to examine the respondent and testify in hi	s behalf at the hearing concerning the requested
detention and treatment of respondent for an additional 90 da	ys 🗌 one year 🔲 180 days of outpatient
commitment.	
Da	ate:
Attorney For Respondent	
MO 650-0176 (9-2006)	DMH 140

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH ORDER APPOINTING INDEPENDENT PHYSICIAN/PSYCHOLOGIST

۷Ο.		

The state of the s	
IN THE CIRCUIT COURT OF COUNTY, MIS	SSOURI
PROBATE DIVISION	
IN THE MATTER OF, RESPONDE	NT.
Now on this date, having considered the application of respondent for an order appointing physician/psychologist to examine respondent and testify on respondent's behalf, it is Ordered that	ng an independent
appointed, pursuant to Chapter 632 RSMo. as examining physician/psychologist and is here	by directed to
conduct such mental examination of respondent without delay and to be available to testify	as a witness on
behalf of respondent.	
	•
• •	
DATED:	
JUDGE	
MO 650-0174 (8-96)	DMH 141

IN THE CI	RCUIT COURT OF	, MISSOURI
Probate Division	Case Number:	
In the Matter of	, Respondent.	
	Order Appointing Independent Physician/Psy	(Date File Sta
Having conside	red the application of respondent for an order appointing	an independent

_ is appointed, pursuant to Chapter 632, RSMo, as

(Date File Stamp)

OSCA (7-98) MH45	1 of 1		632.345, RSMo

JUDGE

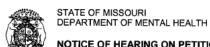
examining physician/psychologist and is directed to conduct such mental examination of respondent

without delay and to be available to testify as a witness on behalf of respondent.

DATE:

COMMISSIONER

IN THE MATTER OF					, RESPONDENT,
A PERSON ALLEGED T	O BE MENTALLY DISORDERE	D.			
				HEREB	Y AFFIRMS AN OATH AS FOLLOWS:
(Describe the behavior wan alcohol or drug abuse	hich respondent exhibits which er and presents a likelihood of se	supports erious ha	the conclu arm to hims	usion tha self or of	at respondent is mentally disordered or thers.)
NAME (SIGNATURE)					
STREET ADDRESS					
CITY		STATE	ZIP CODE		TELEPHONE
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF			cc	DUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, TH	HIS		-	
	DAY OF	,	YEAR		ISE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	N	Y COMMISSION XPIRES	'	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)				
MO 650-0173N (8-00)					DMH



NOTICE OF HEARING ON PETITION FOR ADDITIONAL DETENTION AND TREATMENT/REHABILITATION

No.			

IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROB	ATE DIVISION
IN THE MATTER OF	, RESPONDENT.
TO:	, respondent.
that you are mentally ill/alcohol or drug abuser and, as a r present a likelihood of serious harm to yourself or others. treatment for such mental illness/alcohol or drug abuse for	The petition seeks your involuntary inpatient detention and or rehabilitation for an additional period of t detention and treatment/rehabilitation for such mental illness
A hearing on said petition will be held in Probate [Division of the Circuit Court of
County, Missouri, at, on the	
	day or, 20, at
o'clockM.	
-	
	Date:
Division Clerk	Deputy Division Clerk By:
RET	TURN
I hereby certify that I have served the within notice	e and the attached petition by delivering a copy thereof to the
within named	, on the day of, 20,
at	
Sheriff	Deputy Sheriff
	By:
County	, Missouri.
CERTIFICATIO	ON OF SERVICE
I hereby certify that I served notice of hearing to the above-na	
•	
DEPUTY DIVISION CLERK	
MO 650-0172 (9-2006)	DMH 143

INTHE	CIRCUIT C	OURT OF			_COUNT	Y, MISSOURI
Probate Division:		Case Number:				
				_		(Date File Stamp)
Notio		g on Petition fo (Me	r Additio ntal Health)		and Tre	atment
То:						, respondent.
alleging that you others. The period of:	ou are mentally tition seeks yo	nesses, copies of what ill, and as a result ur involuntary dete	, you presen ntion for me	t a likelihood of ental illness trea	f serious ha	rm to yourself or
180	days outpaties	nt treatment.				
A hearing	on the petition	will be held in the	Probate Div	ision of the Circ	cuit Court o	f
	C	County, Missouri, at	<u> </u>			
	,	on		, at		AM PM.
DATE:			21.11.22.22.11			7.45099
DIVISION CLERK:			BY:			
		Serv	ice Address			
Serve at:						

Return

I certify that I have served the notice and petition	on by delivering a copy to the respondent on			
at	724			
	· · · · · · · · · · · · · · · · · · ·			
SHERIFF				
	, MISSOURI.			
BY:				

OSCA (7-98) MH26

1 of 1

632.335, 632.340, RSMo

IN THE CIRCUIT CO	OURT OF	COUNTY, MISSOURI
Judge or Division:	Case Number:	
	, Respondent.	(Date File Stamp)
Notice of Hearing on Pet	ition for Additional Detention, Treat (Alcohol/Drug)	tment and Rehabilitation
То:		, respondent.
that you are an alcohol or drug yourself or others. The petition treatment and rehabilitation for A hearing on the petition w	sses, copies of which are attached, have been abuser, and as a result, you present a likelihous seeks your involuntary inpatient detention is an additional period of30 days90 days lill be held in the Probate Division of the Circuit	ood of serious harm to for alcohol or drug abuse for nys. cuit Court of
	County, Missouri, at	
on	, at AM _ PM.	
DATE:		
DIVISION CLERK		
DIVISION CLERK	BY:	
	Service Address	
Serve at:		
	Return	
I certify that I have served the n	notice and petition by delivering a copy to the	respondent on
SHERIFF		, MISSOURI
BY:		

1 of 1

631.145, 631.150 RSMo

OSCA (7-98) MH31

TO:	, Respondent
You have been accepted by because there is reasonable cause to believe that you suffer from present a likelihood of serious physical harm to yourself or others.	for detention, evaluation and treatment namental disorder or alcohol and drug abuse, and as a result, you
Unless you are released or voluntarily admit yourself within 96	hours of the initial detention:
1. You may be detained for 96 hours from the time of your initia	detention to be evaluated and treated.
You were accepted at,, m.,, weekends and holidays, will end at,, m.,, m.,	, 20 Your 96 hours, excluding
•	ohol or drug abuse facility or the mental health coordinator may file a days, after a court hearing within two judicial days after the petition is
3, an attorn	ey, located at
	ey, located at has has g and who will be notified as soon as possible. You also have the right
4. You have the right to communicate with counsel at all reason	able times and to have assistance in contacting such counsel.
	mentally ill/alcohol or drug abuser and as a result present a likelihood tal health facility/alcohol or drug abuse facility may be used in making lings being filed against you and may be used at the court hearing.
6. You have the right to present evidence and to cross-examine	witnesses who testify against you at the hearing.
During the period prior to being examined by a licensed ph likelihood of serious physical injury to yourself or others.	ysician, you may refuse medication unless you present an imminent
8. You have the right to refuse medication except for life-saving day/30 day detention.	treatment beginning twenty-four hours prior to the hearing for a 21-
9. You have the right to request that the hearing be held in your	county of residence if you are a resident of this state.
10. You have the right to request to have an interpreter assist have impaired hearing or do not speak English.	you to communicate at the facility, during the hearing, or both, if you
 11. If you have a court hearing, you will have the following right A. To be represented by an attorney. B. To present evidence on your own behalf. C. To cross-examine witnesses who testify against you. 	S .
D. To remain silent. E. To view and copy all petitions and reports of your case in F. To have the hearing open or closed to the public, as you	
G. To be proceeded against according to the rules of eviderH. A hearing before a jury, if requested.	
12. If you request, the court shall appoint an available licensed p for ninety days or one year or 180 days of outpatient commitment	nysician or psychologist to examine you and testify in court if a petition is filed.
I certify that a copy of the above NOTICE OF RIGHTS OF INVOLU	•
NAME OF RESPONDENT	, 20, at,m.
my presence or had it read to him. I answered the patient's question	
ME	TITLE
650-0161N (2-00)	2145

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH ORDER FOR RELEASE

NO.		

IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE DIVISION	
IN THE MATTER OF	, RESPONDENT.
Now on this day of	, the court takes up the
petition seeking an order of this court authorizing the involunt	· · · · · · · · · · · · · · · · · · ·
The petitioner is present in person and by attorney, and th	e respondent appears in person and by
attorney.	
The court having heard and examined the evidence submit	ted now finds:
That the respondent is a resident of	County, Missouri.
2. That the respondent is presently being detained and tre	eated at
3. That the respondent does does not have a men alcohol or drug abuse, but does not present a likelihood thus may not be involuntarily detained and treated and WHEREFORE, it is ordered that the respondent be released	of serious harm to himself of others and should be released. forthwith from the custody of
It is further ordered that the respondent's attorney	
is allowed a fee of dollars for services	
finding that the respondent is unable to pay said fee, it is hereb	
other costs in this proceeding, shall be paid by the Office of Ac	dministration in accordance with the rules and
regulations promulgated by the State Court Administrator.	•
DATED:	
GE .	
850-0160 (8-96)	DMH

C. Saleston

IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

	IN THE CIP	CONT COURT OF		OUNTY, MISSOURI
Probate	Division	Case Number:		
In the Mat	ter of		_, Respondent.	
		Order fo	r Release	(Date File Stamp)
		(Menta	l Health)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The	e court takes u	up the petition seeking an order	authorizing the involuntary	detention and treatment
of the	espondent. T	he petitioner is present in person	n and by attorney, and the re	espondent appears in
person	and by attorn	ey.		
The	court having	heard and examined the eviden	ce submitted finds:	
1.	The responde	nt is a resident of		County,
	Missouri.			
2.	The responder	nt is being detained and treated	at	
8	serious harm t should be rele	nt does does not have a more to respondent or others and thus ased.	may not be involuntarily de	tained and treated and
				•
DATE.				
DATE:				
COMMISSION	ER.		JUDGE	

OSCA (7-98) MH50

1 of 1

|--|

IN THE CIRCUIT COURT OF

COUNTY, MISSOURI

IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
Probate Division Case Number:	
In the Matter of	, Respondent.
	(Date File Stamp)
	rder for Release (Alcohol/Drug)
The court takes up the petition seeking as	n order authorizing the involuntary detention, treatment and
rehabilitation of the respondent. The petition	ner is present in person and by attorney, and the respondent
appears in person and by attorney.	
The court having heard and examined the	e evidence submitted finds:
1. The respondent is a resident of	County, Missouri.
2. The respondent is being detained and	treated at
	ohol or drug abuser, and does not present a likelihood of and thus may not be involuntarily detained and treated and
It is ordered that the respondent be relea	ased from the custody of
	•
DATE:	
COMMISSIONER	JUDGE

OSCA (7-98) MH55

I of I

NOTICE OF *DISCH	ARGE/VOLUNTA	ARY ADMISSION		NO.
				,
IN THE MA	ATTER OF		RESPO	NDENT
			, Responde	nt, was detained at
		a recognized men	ital health/alcohol and	drug abuse facility
facility for a period of	96 hours :	21 days 🗌 90 da	ays 1 year / or	30 days 🗌 90 days
beginning on the		day of		
		admission of said r	respondent on the	
			espondent on the	
the court of the *disch			espondent on the	
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38

DATE

DMH 147

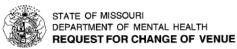
HEAD OF FACILITY/DESIGNEE SIGNATURE

MO 650-0159 (8-96)



NO.

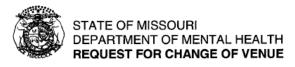
IN THE C	IRCUIT COURT OF			COUNTY, MI	ISSOURI
		PROBATE D	VISION		
IN .	THE MATTER OF	-		_, RESPONDEN	NT,
A	A PERSON ALLEGED	TO BE AN ALCOH	IOL OR DRUG ABU	SER OR BOTH.	
	NOTICE OF	DISCHARGE/VC	DLUNTARY ADMISS	SION	
			, respondent, w	as placed in the	custody of
			, to be	detained for trea	atment and
rehabilitation for	a period of 96 hours/30	0 days/90 days, be	ginning on the		day of
	,	·			
As the	head of the facility whe	ere the respondent	has been detained a	and treated, I he	reby notify
46	Pk				dou of
the court of the c	iischarge/voluntary adn	nission of said resi	pondent on the		day of
the court of the c	lischarge/voluntary adn	nission of said res	pondent on the		day of
the court of the c	ilscharge/voluntary adn	nission of said res	pondent on the		day of
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	Dated:	•		-	day of
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the court of the c	Dated:	•			day or
the court of the c	Dated:	•			day or
	Dated:	•			day or
the court of the c	Dated:	•			day or



NO.		

REQUEST FOR CHANGE OF VENUE	
IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE DIVISION	
IN THE MATTER OF	, RESPONDENT,
A PERSON ALLEGED TO BE MENTAL	LY ILL.
REQUEST FOR CHANGE OF VI	ENUE
TO RESPONDENT'S COUNTY OF R	ESIDENCE
The respondent herein states to the court as follows:	
1. The above-entitled cause is an involuntary civil commitment proceedi	ng brought under the provisions of
Chapter 632 RSMo.	
2. That venue presently lies in this court by reason of this court's jurisdic	tion in the county where the mental
health facility is located in which respondent is detained.	
That respondent's county of residence is	, Missouri.
WHEREFORE, respondent respectfully petitions this court for a change	ge of the venue of this cause to
respondent's county of residence	,
as provided for under Chapter 632.410 RSMo.	
Dated this day of	,20
Respectfully submitted,	
RESPONDENT, HIS PARENT, GUARDIAN OR ATTORNEY	

MO 650-0159N (2-96) DMH 1



NO.

IN THE CIRCUIT COURT OF COUNTY, MISSOURI
PROBATE DIVISION IN THE MATTER OF, RESPONDENT, A PERSON ALLEGED TO BE AN ALCOHOL OR DRUG ABUSER OR BOTH.
REQUEST FOR CHANGE OF VENUE
TO RESPONDENT'S COUNTY OF RESIDENCE
The respondent herein states to the court as follows:
1. The above-entitled cause is an involuntary civil detention proceeding brought under the
provisions of Chapter 631 RSMo.
That venue presently lies in this court by reason of this court's jurisdiction in the county where the alcohol or drug facility is located in which respondent is detained.
3. That respondent's county of residence is, Missouri.
WHEREFORE, respondent respectfully petitions this court for a change of the venue of this cause to respondent's county of residence, As provided for under Chapter 631.135 RSMo.
Dated this day of, 2 Respectfully submitted, RESPONDENT, HIS PARENT, GUARDIAN OR ATTORNEY:

MO 650-5894 (8-91)

DMH 8544 (8-91)



MO 650-0157 (7-91)

NO.

DMH 149 (7-91)

IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE DIVISION IN THE MATTER OF A PERSON ALLEGED TO BE MENTALLY ILL.	, RESPONDENT,
ORDER FOR CHANGE OF VEN	UE
TO RESPONDENT'S COUNTY OF RES	
Now on this day of respondent has filed a proper application for change of venue residence, as provided for under Changer 632 RSMo., which of Missouri.	to the county of respondent's
WHEREFORE, it is hereby ordered that this cause to be transferre respondent's county of residence.	ed to
JUDGE/DIVISION CLERK	

IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
IN THE MATTER OF	ROBATE DIVISION, RESPONDENT, ALCOHOL OR DRUG ABUSER OR BOTH.
that respondent has filed a proper applic	ey of, 20, this court finds cation for change of venue to the county of respondent's er 632 RSMo., which county is,
WHEREFORE, it is hereby orde	ered that this cause to be transferred to dent's county of residence.
	JUDGE/DIVISION CLERK (SIGNATURE)

MO 650-5895 (11-92) DMH 8545 (11-92)

NO.	

CONDITIONAL RELEASE FOR INVOLUNTARILY DETAINED PATIENT

IN THE CIRCUIT COURT OF		cc	DUNTY, MISSOURI
	PROBA	ATE DIVISION	
IN THE MATTER OF			_ , RESPONDENT
You have been involuntarily detain	ed to the custody	of the Director of the Depart	ment of Mental Health by the
Probate Division of the Circuit Court of			, County, Missouri for
a			·
			, a mental health facility.
Successful placement in a less re	strictive environn	nent will depend upon your o	cooperation and compliance
with the following conditions:			
1. You will reside at			
which is a			
You will take medication as pres			
You will participate in outpatient	treatment as pres	scribed by the head of the abo	ove-named facility.
You will be involved in		with	
at,,	m. everv	at	
Your release to a less restrictive	environment is a	lso subject to the additional fo	ollowing conditions:
5. Continuing responsibility to and	by the facility will	be provided in the following n	nanner:
Your conditional release can be	revoked and you	can be returned to the ment	al health facility if:
A. You fail to comply with any of	the above condit	ions and as a result you pres	ent a likelihood of serious
physical harm to yourself or oth	ers; or		
B. You demonstrate behavior when	hich indicates tha	t you present a likelihood of s	serious harm to yourself or
others.			
The conditional release expire	s on	unle	ess a petition for additional
detention is filed.			
HEAD OF MENTAL HEALTH PROGRAM			DATE
I have read the above form and had it exp	lained to me by a	mental health professional v	whose signature appears below.
PATIENT	DATE	MENTAL HEALTH PROFESSIONAL	DATE
MO 650-0171N (8-00)			DMH

1			
You	a conditional release is hereby revo	oked because:	
	You have violated condition # set out above and, as a result, you present a likelihood of		
	serious physical harm to yourself or others.		
	You have demonstrated the following behavior, which indicates that you present a likelihood of		
	serious physical harm to yourself or others:		
	,		
If you w	vish, you may request the Probate	Division of the Circuit Court of	County, MO
l .	a hearing on the need for revocati		
	DATED:		
HEAD OF FACILITY/D	ESIGNEE	TITLE	
	I have read the above and had it	explained to me by the staff membe	r signing below as witness
		o request a court hearing on revocat	
PATIENT			DATE
WITNESS			DATE
MO 650-0167 (8-96)			

STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH
REQUEST FOR HEARING ON REVOCATION OF CONDITIONAL RELEASE

۱ı	^	١.	
v	v.	,	

THE STATE OF THE STATE OF CONDITIONAL	L NELEAGE
IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE DIVISION	
IN THE MATTER OF	, RESPONDENT.
REQUEST FOR HEARING ON	
REVOCATION OF CONDITIONAL RE	ELEASE
On , my cc	
and I was returned as an inpatient to	
a mental health facility operated by the Department of Mental Health.	
I HEREBY REQUEST that the Probate Division of the Circuit Court of	
County, Missouri hold a hearing on the need for the revocation.	
PATIENT	DATE
WITNESS	DATE
MO 550-0166 (8-96)	
we are a 18 to 641	DMH



MO 650-0164N (2-96)

TRIAL VISIT	
IN THE CIRCUIT COURT OF	COUNTY, MISSOURI
PROBATE	DIVISION
IN THE MATTER OF	, RESPONDENT,
A PERSON ALLEGED	TO BE MENTALLY ILL.
TRIAL VISIT FOR INVOLUN	TARILY DETAINED PATIENT
You have been involuntarily detained to the custody of the	ne Director of the Department of Mental Health by
the Probate Division of Circuit Court of	
County for a period to end	on
It has been determined by	, the head of the mental health facility or
his designee, that you are eligible for a trial visit from	
the mental health facility, at which you presently receive inpatie	ent treatment for a period not to exceed
hours, to begin onat	m.
You have agreed to comply with the following conditions in	order to qualify for the visit privilegewhich is
You will take medication as prescribed by your physician	
You will participate in out-patient treatment as prescribe	
You will comply with the following conditions:	
The same comply was the following contained.	
	·
Your trial visit status may be revoked and you may be returned	to the mental health facility if you fail to comply with any of the
above conditions or if you present a likelihood of serious physical	harm to yourself or others.
HEAD OF FACILITY/DESIGNEE	DATE
have read the above and had it explained to me and agree to the co	onditions set forth.
UDGE	DATE
D 650-0164N (2-96)	DMH 1