

STATE OF MISSOURI DEPARTMENT OF MENTAL HEALTH

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

	NO.				
--	-----	--	--	--	--

E V/ LEO/ LITOIT	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	
INI TI	HE CIRCUIT COURT ()E		COLINITY MISSO	N IDI	
IIV II	IE CIRCUIT COURT C	PROBATE I		_ COONTT, MISSE	OKI	
	TUE MATTED 05					
IN	THE MATTER OF			, RESPONDEN	N I .	
DAT	E OF BIRTH:		. GENDER:	MALE	ALE	
The applicant herein state	es to the Court as follow	ws:				
1. That the respondent			000	hirthdata		racidos at
r. mat the respondent			, age	, birtildate		, resides at
(STREET)	(CITY)		(COUNTY)		(STATE)	(ZIP CODE)
and is now at					(SIAIL)	(ZII CODE)
and is now at						 -
That the applicant has law and presents a l treatment/rehabilitation	ikelihood of serious h	•	_		-	•
3. The facts that support	the annlicant's helief th	nat the respondent	t is mentally disord	ered/ahuses alcoho	l or drugs or	hoth are:
oo idoto anat capport	по аррисание женен и				. o. a. a.g. o.	
4. The facts that support	the annlicant's helief th	nat the respondent	t nresents a likeliho	od of serious harm	aro.	
4. The facts that support	the applicant's belief the	iat the respondent	i presents a likeline	od of serious riairii	arc.	
5. That attached and ma	de a part of hereof are	affidavits in sun	nort of this annlica	tion and the names	and address	ses of nersons
known to the applicant	•	-		aon and are name	and address	see of percent
WHEREFORE, the applican custody and transferred to		_				
detention, evaluation and trea						
,		•	<u>'</u>	•	-	, verifies and
affirms that the facts stated in	n the foregoing applicati	ion are true to the	best of h kno	wledge and belief.		
Attachments						
Allaciments						
DIVISION CLERK			DEPUTY DIVISION CLERK			
APPLICANT			Ву	TELEPHONE		
AFFEIDANI				TELEFTIONE		
STREET		CITY		COUNTY	STATE	ZIP CODE
	,					
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE			COUNTY (OR CITY OF	ST. LOUIS)	
	SUBSCRIBED AND SWORN BE	FORE ME THIS		_		
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		YEAR USE RUBBER STAMP IN CLEAR AREA BEL		AR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE		MY COMMISSION	TOT KODDEK O	022/	
			EXPIRES			
	NOTABY BUBLIC MANS (TOTAL)	D OD DDINITES:		_		
	NOTARY PUBLIC NAME (TYPE	D OK PKINTED)				