STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

PETITION FOR INVOLUNTARY DETENTION AND TREATMENT

NO.

IN THE CIRCUIT COURT OF ______________________________ COUNTY, MISSOURI
PROBATE DIVISION

IN THE MATTER OF ______________________________ , RESPONDENT.

DATE OF BIRTH: ____________________ GENDER: ☐ MALE ☐ FEMALE

The petitioner herein states to the court as follows:

1. That the petitioner is a Designee of the Head of a Mental Health facility/Alcohol and Drug Abuse facility.
2. That the respondent, ______________________________ , age __________, in
   ____________________ County, Missouri, was admitted to ______________________________
   on the ____________ day of ______________________________ , 20 ____ , as an involuntary patient in accordance with Chapter 632 RSMo. or Chapter 631 RSMo. and is presently being detained and treated at said facility.
3. That the respondent has a mental illness/abuses alcohol or drugs or both, and by reason of such mental illness or alcohol or drug abuse or both, continues to present a likelihood of serious harm to himself or others, and is in need of continued inpatie nt detention and treatment for such mental illness for a period not to exceed ☐ 21 days ☐ 90 days ☐ 1 year or ☐ 180 days of outpatient detention and treatment/or is in need of continued inpatient detention and treatment/rehabilitation for such alco hol or drug abuse or both for a period not to exceed ☐ 30 days ☐ 90 days.
4. The facts that substantiate the petitioner’s belief that the respondent is mentally ill, abuses alcohol or drugs or both are:
5. The facts that substantiate the petitioner’s belief that the respondent presents a likelihood of serious harm are:

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:

____

____

10. 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 ______________________ is an appropriate mental health facility/alcohol or drug abuse facility for the inpatient treatment/rehabilitation of the respondent's condition; the head of said facility has agreed to accept the respondent; and said facility is the least restrictive environment available in which respondent can be treated.

WHEREFORE, petitioner requests the court to cause a hearing to be held on said application, and at the conclusion thereof to find that the respondent has a mental illness/abuses alcohol or drugs or both, and by reason of such mental illness/alcohol or drug abuse or both, continues to present a likelihood of serious harm to himself or others, and to order that the respondent be detained for involuntary inpatient treatment for such mental illness for an additional period not to exceed ☐ 21 days ☐ 90 days ☐ 1 year or ☐ involuntary outpatient treatment for such mental illness for an additional period not to exceed 180 days/for such alcohol or drug abuse or both for an additional period not to exceed ☐ 30 days ☐ 90 days.

DATED THIS __________ DAY OF ______________________ , 20_____.

PETITIONER	TITLE		
ADDRESS	CITY	STATE	ZIP
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 THAT THE ALLEGATIONS MADE IN THE FOREGOING PETITION ARE TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

____
PSYCHIATRIST SIGNATURE

____
LICENSED PHYSICIAN SIGNATURE

____
MENTAL HEALTH PROFESSIONAL SIGNATURE

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	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		
DIVISION CLERK			
DEPUTY DIVISION CLERK			