



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

NO.

TO: _____
MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY

The applicant herein states the following:

1. The respondent, _____, age _____, birthdate _____, gender Male Female, is a voluntary patient who has requested release from _____, a mental health facility and/or alcohol or drug abuse facility.
2. The applicant is a _____ who may complete this application pursuant to Sections 632.150, 632.155, or 631.120, RSMo.
3. The head of the facility, _____, has determined that respondent is mentally disordered and/or abuses alcohol and/or drugs; and as a result, presents a likelihood of serious harm to himself/herself or others. As a result, the head of the facility has refused the respondent's request for release.
4. The applicant herein states that he/she has reason to believe that the respondent, who is presently a patient at _____, a mental health facility and/or alcohol or drug abuse facility, is suffering from a mental disorder and/or is abusing alcohol and/or drugs and presents a likelihood of serious harm to herself/himself 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. Such belief 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 and/or abuses alcohol and/or drugs are:
6. The facts supporting the applicant's belief that the respondent presents a likelihood of serious harm are:

WHEREFORE, the applicant requests the mental health facility and/or alcohol or drug abuse facility to admit respondent 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.

APPLICANT		TELEPHONE		
STREET	CITY	COUNTY	STATE	ZIP CODE