

CIRCUIT COURT OF ST. LOUIS COUNTY, PROBATE DIVISION

**Instructions for Completing Forms for 96 Hour Detention,
Evaluation and Treatment/Rehabilitation and
Answers to Frequently Asked Questions
(IN THE EVENT OF AN EMERGENCY CONTACT 911)**

This packet of forms is used for filing an application to the Court for 96 Hour Detention, Evaluation and Treatment/Rehabilitation for individuals suffering from mental illness or drug/alcohol abuse. These matters are CONFIDENTIAL. We cannot acknowledge we have anything on the person once you walk out the door or if you call the court. You cannot retain a copy of the completed paperwork because of the confidentiality.

The packet consists of a checklist and six (6) forms. For those lines that do not apply to your situation, please do not leave blank, put N/A.

Clerks are **not allowed to give legal advice** but can provide basic instructions for the information needed to complete the forms. The checklist was developed to provide those instructions including some Frequently Asked Questions and answers.

FORMS:

- 1. **Confidential Case Filing Information Sheet – Mental Health –**
 - a. Case Name – name of individual to be picked up for evaluation.
 - b. Case Type – HA if person is suffering from a mental illness or HO if person is abusing alcohol or drugs.
 - c. Party Type Code - Check the appropriate box - Respondent is the individual needing help and Petitioner is you.
 - d. Provide the information requested for the Respondent and Petitioner.
 - a. If you do not know the social security number for the respondent, we must have the respondent's date of birth and gender completed.
- 2. **Respondent Information Sheet –** while it duplicates some of the information already provided on the Confidential Case Filing Information Sheet, this form is part of the packet that is given to the Sheriff or Police. It gives more detailed information including anything you feel would assist them and allows you to indicate if you want to be notified prior to them attempting to pick up the respondent.
 - a. We must have a physical address of where the respondent can be found. If homeless, give us the address of places that they go to frequently. This paperwork cannot be processed without some kind of address.
 - b. Indicate who the officers may contact to verify respondent's location and assist with the pickup.
 - c. It is very important to provide a good description especially if they have distinguishing marks or features like tattoos, scars, etc.
 - d. It is very important to know if they have access to any guns, knives or other weapons so that when the Sheriff or police go to pick them up they are aware of this.
 - e. Remarks section – if you have anything else you would like the Sheriff or police to know you can add it here. This would be the best place to emphasize that you want to be contacted prior to attempting to pick up the respondent.
- 3. **Application to Court for 96 Hour Detention, Evaluation and Treatment/Rehabilitation –**
 - a. Make sure to provide information in every blank. If not applicable, put N/A.
 - b. #1 – provide respondent's residence address and where the respondent is currently located.
 - c. #3 – provide a brief description of the most recent events including dates that make you

believe the respondent is mentally ill or abuses alcohol or drugs or a combination of both. Indicate if they have been diagnosed with a mental illness and what is the diagnosis.

- d. #4 – provide a brief description of the most recent events including dates that make you think they respondent is a danger to himself/herself or others.
- e. Last paragraph –
 1. You must provide the name of the hospital you want the respondent to be taken to for evaluation.
 2. Insert your name as applicant.
- f. Signature and address block –
 1. This form must be notarized so DO NOT SIGN until you are before a notary public. There is a notary located in the Sheriff's Office which is located out of our front doors and through the set of double doors on the right. There is no charge for the notary service at the Sheriff's Office.
 2. You can complete the address and telephone information.

4. **Affidavit in Support of Application for Detention, Evaluation and Treatment/Rehabilitation – Admission for 96 Hours –**

- a. Provide a more detailed description of the events you listed on #3 and #4 on the petition.
- b. The information you provide **must** show why you believe they suffer from mental illness, alcohol or drug abuse and could be harmful to themselves or others.
- c. This form must be notarized so DO NOT SIGN until you are before the notary public.
- d. Usually one (1) affidavit is sufficient unless you are filing to have your spouse picked up. In this situation, the court will require two (2) affidavits – one (1) can be by you but the other should be a neighbor, friend or relative of your spouse.

5. **List of Witnesses –**

- a. Does not need to be notarized.
- b. Provide name, relationship, address and phone numbers for anyone that could substantiate the events outlined in the affidavits.

FREQUENTLY ASKED QUESTIONS:

1. ***My family member suffers from mental illness, alcohol or drug abuse and I'm scared they are going to hurt someone or themselves. Is this the right paperwork to file?*** Yes – this procedure allows a loved one the opportunity to get help for individuals suffering from mental illness, alcohol or drug abuse that will not go to the hospital on their own.
2. ***Where can I find the paperwork for filing a 96 Hour Involuntary Hold?*** The packet can be found online – <http://wp.stlcountycourts.com/probate-court/probate-forms/> - or can be picked up in person at the court – 105 South Central Avenue, 5th Floor, Clayton, MO 63105.
3. ***Can the clerk help me complete the paperwork?*** No – clerks are prohibited from giving legal advice. They can provide basic instructions for the information needed to complete the forms.
4. ***Will the respondent know who did this?*** Yes – they will get a copy of all of the paperwork.
5. ***What happens after the Judge approves the petition?*** Court staff will prepare the order/warrant and deliver to St. Louis County Sheriff's Office for them to pick up respondent. If the packet is received after 4:30 Monday through Thursday the paperwork will be processed the next day. The Sheriff's Office will fax a copy of the paperwork to the local police. The officers have ten (10) days to attempt to pick up the respondent and transport to the hospital indicated on the paperwork for evaluation.

6. ***What happens once the respondent is at the hospital?*** Appropriate hospital staff will evaluate the respondent. If the hospital staff doesn't feel the respondent is suffering from mental illness, alcohol or drug abuse and is not a danger, they can release the respondent. If they keep the respondent, they have 96 hours to treat them without further court approval. Once they are stabilized, the hospital will release the respondent.
7. ***Will I be able to have contact with the respondent once at the hospital?*** That would be up to the hospital. They have to abide by the privacy regulations of HIPPA. The court is not involved once the respondent is hospitalized unless the hospital feels the need for more time to stabilize the respondent at which time the hospital would file a Petition for Additional Detention.
8. ***What if they can't find or pick up the respondent within the allotted time?*** The order/warrant is no longer valid and you would have to come back to court and complete new paperwork. It's very important that you provide a good address of where to find the respondent. It's also helpful if you ask the officers to call you to assist them in being successful before they attempt to pick up the respondent.
9. ***What can I do if I'm fearful for myself, my family or the respondent before officers have picked up the respondent?*** You can call the police, you may want to request to speak with a CIT Officer and tell them you have completed 96 hour paperwork with the court OR contact 911 in the event of an emergency.
10. ***Can I call the court to ask questions once the paperwork has been completed?*** No - because of the confidentiality of these matters, once you have left our office we cannot acknowledge that we have anything on file for this person.

**CONFIDENTIAL CASE FILING INFORMATION SHEET – MENTAL HEALTH
21ST JUDICIAL CIRCUIT, PROBATE DIVISION, ST. LOUIS COUNTY, MISSOURI**

INSTRUCTIONS:

✓ Complete this form for the person for which you are filing the petition (Respondent) and yourself (Petitioner). Place a check in the box next to the appropriate Case Type and Party Type.

NOTE: Name; addresses; DOB; and Social Security Number should be listed for each party. The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court’s case management system. Mental Health cases are not deemed public under Missouri statutes so no information can be accessed through Case.net.

Filing Date: _____ In the Matter of: Name: _____

Case Type: HA – Application 96 Hour – Mental Health HO – Application 96 Hour – Alcohol/Drug;

<p>Party Type Code: <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Party Type Code: <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner</p> <p>Name: (Last) _____ (First) _____ (Middle) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Contact Telephone Number: _____</p> <p>DOB _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____</p> <p>Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____</p>
<p>Submitted by: _____ Bar ID (required if attorney): _____</p> <p>Address (if not shown above): _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Email Address: _____</p>



IN THE CIRCUIT COURT OF _____ COUNTY, MISSOURI

Probate Division	Case Number: _____
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: _____



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

No. _____

IN THE CIRCUIT COURT OF _____ 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/abuses alcohol or drugs or both as defined by law and presents a likelihood of serious harm to h____self or others, and thus is in need of detention, evaluation and 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 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 _____ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, RSMo. _____, applicant herein, verifies and affirms that the facts stated in the foregoing application are true to the best of h ___ knowledge and belief.

Attachments

DIVISION CLERK	DEPUTY DIVISION CLERK BY
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APPLICANT	TELEPHONE
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STREET	CITY	COUNTY	STATE	ZIP CODE
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NOTARY PUBLIC EMBOSSEER 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)		



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**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.

_____, HEREBY AFFIRMS AN OATH AS FOLLOWS:

(Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE)

STREET ADDRESS

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

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**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.

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NAME (SIGNATURE)

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STATE OF

COUNTY (OR CITY OF ST. LOUIS)

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