

**CIRCUIT COURT OF ST. LOUIS COUNTY**  
**PROBATE DIVISION**  
Probate Form No. MH1

Instructions for Completing Forms for 96 Hour Detention, Evaluation and  
Treatment/Rehabilitation

**IMPORTANT: IN THE EVENT OF AN EMERGENCY CONTACT 911**

This packet is 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.

**This process is not intended to replace other available options, like working with hospitals directly or contacting your local police department or 911 for immediate assistance.**

Additionally, these matters are CONFIDENTIAL. We cannot acknowledge any filings about the person who is the subject of the Application if you call the Court. Any request for records/copies must be done in-person at the Courthouse with proper identification.

This packet consists of a checklist (below) and six (6) documents. For those questions that do not apply to your situation, please do not leave blank, write "N/A." PLEASE NOTE: The forms that follow are fillable either online or saved as a PDF to your computer. You can click and type in each area that requires a response. If possible, please fill the forms out this way and avoid printing and handwriting the responses.

Clerks are **not permitted to give legal advice** but can provide basic instructions for the information needed to complete the forms. Before requesting information from the Clerks, please review the below checklist and the Frequently Asked Questions and Answers form.

**FORMS:**

- 1. **Confidential Case Filing Information Sheet – Mental Health**
  - a. Case Name – Name of the individual alleged to have a mental illness or to abuse drug(s)/alcohol (called the Respondent).
  - b. Case Type – HA if Respondent is suffering from a mental illness or HO if Respondent is abusing alcohol or drugs.
  - c. Party Type Code – Check the appropriate box - Petitioner is the person filing the case and Respondent is the individual identified in part (a) above.
  - 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 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 information provided to the Sheriff or Police for service. It provides more detailed information, including any information the Petitioner believes could assist the Sheriff or Police in locating and transporting Respondent. It also allows Petitioner to indicate if he/she wishes to be notified prior to the officer attempting to transport Respondent.
  - a. Petitioner must provide a physical address where the Respondent can be found. If homeless, provide the address(es) of place(s) that Respondent frequently goes. A warrant for transport cannot be processed without an address located in St. Louis County.

- b. Indicate the individual(s) the officers may contact to verify Respondent's location and assist with transportation.
- c. It is important to provide a detailed description of the Respondent, especially if the Respondent has distinguishing marks or features like tattoos, scars, etc.
- d. It is very important for the Sheriff or Police to know if the Respondent has access to any guns, knives or other weapons for the safety of the Respondent, Officers, and community during transportation.
- e. Remarks section – Provide any additional information that may assist the transporting officer. This would be the best place to emphasize that Petitioner wants to be contacted prior to the Sheriff or Police attempting to transport 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, write "N/A."
- b. Provide Respondent's home address and where the Respondent is currently located.
- c. Provide a brief description of the most recent events, including dates, that make Petitioner believe the Respondent is mentally ill or abuses alcohol or drugs or a combination of both. State if the Respondent has been diagnosed with a mental illness and the diagnosis.
- d. Provide a brief description of the most recent events, including dates, that demonstrate that Respondent is a danger to himself/herself or others.
- e. Petitioner must provide the name of the hospital that Respondent will be taken to for evaluation.
- f. Provide Petitioner's name and signature, address and telephone information.

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

- a. Provide as much detail as possible on the events listed in paragraphs #3 and #4 of the Petition. If the Court does not have enough detail, it may deny the Petition.
- b. The information provided **must** show why Petitioner believes the Respondent suffers from mental illness, alcohol or drug abuse **and** could be harmful to himself/herself or others.
- c. This form must be notarized if Petitioner is not in Court filling out or filing this form. If necessary, there is a notary located in the Sheriff's Office of the Courthouse, which is located on the same floor as the Probate Court. There is no charge for the notary service at the Sheriff's Office.
- d. Usually one (1) affidavit is sufficient **unless** Petitioner is filing to have his/her spouse/partner, the person he/she shares a child with, or former partner transported for evaluation. In this situation, the Court may require two (2) affidavits – one (1) can be by Petitioner but the other should be a neighbor, friend or relative of the Respondent.

5. **List of Witnesses**

- a. This form does not need to be notarized.
- b. Provide name, relationship, address and phone numbers for anyone that could confirm the events outlined in the affidavits.
- c. Please include Petitioner's name and relationship to the Respondent in the list of witnesses.

## ***FREQUENTLY ASKED QUESTIONS FOR FILERS OF 96 HOUR DETENTION PETITIONS***

1. ***My family member suffers from mental illness or alcohol or drug abuse and I'm scared he/she is going to hurt someone or him/herself. Is this the right paperwork to file?***

**If it is an emergency, you should call 911 and report the situation.** You should specifically request a CIT-trained officer.

If it is not an emergency, this procedure allows a family member or interested party the opportunity to get help for individuals suffering from mental illness or alcohol or drug abuse who will not go to the hospital on his/her own.

2. ***Where can I find the paperwork for filing a 96 Hour Involuntary Hold?***

The packet can be found online – <https://stlcourtscourts.com/forms/probate-forms/96-hour-hold-packet/> - or can be picked up, filled out, and/or filed in person at the Courthouse at 105 South Central Avenue, 5<sup>th</sup> 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 about the information needed to complete the forms. Before you request information from them, please review this entire document and the checklist for filing.

4. ***Will the Respondent (the person to be evaluated) know who filed the Petition?***

Yes – the Respondent will get a copy of all of the paperwork.

5. ***When/Where can I file a Petition?***

You may file the Petition (and required related paperwork) at the Courthouse. The Probate Court is located on the 5<sup>th</sup> Floor of 105 South Central Avenue, Clayton, Missouri.

The Court accepts pleadings between the hours of 8:00am and 5:00pm.

**PLEASE NOTE:** If the Petition packet is received by the Court **after 4:00p.m.** Monday through Friday, the Court cannot take action the same day. The paperwork will be processed by a Clerk (and reviewed by a Judge or Commissioner) the next business day. Therefore, please plan accordingly.

**Regardless of when you file (or plan to file) the paperwork, if there is any sort of emergency or urgency, you should contact 911 for immediate assistance.**

6. *What happens after I file the Petition?*

If the Petition and required related pleadings are filed with the Probate Court Monday through Friday between the hours of 8:00am and 4:00pm, a Clerk will enter the pleadings into the Court filing system the same business day. Then a Judge or Commissioner will review the Petition (this may occur on the same business day or it may take additional time). If the Petition is complete and meets the statutory requirements, the Court may grant the Petition.

If the Petition is granted, Court staff will prepare the order/warrant as quickly as feasible and deliver those documents to St. Louis County Sheriff's Office for them to transport the Respondent for evaluation. The Sheriff's Office will also fax a copy of the paperwork to the local police. It is important to understand that the officers have **ten (10) days** to attempt to transport the Respondent to the hospital indicated on the paperwork for evaluation.

**PLEASE NOTE:** The Sheriff's Office stops receiving paperwork for service at 4:45pm on weekdays (and is closed over the weekend) and will not take any action until the following business day.

*Again, if there is any sort of emergency or urgency, you should contact 911 for immediate assistance.*

7. *What happens once the Respondent is at the hospital?*

Once at the hospital, appropriate hospital staff will evaluate the Respondent. If the hospital staff determines Respondent is NOT suffering from mental illness or alcohol or drug abuse and is not a danger, the hospital can release the Respondent immediately. If the hospital keeps the Respondent, the hospital has 96 hours to treat the Respondent without further Court approval. Once the Respondent is stabilized, the hospital will release the Respondent. If the Respondent still presents as a danger to him or herself as a result of a mental illness at the end of the 96 hours, the hospital may file a petition with the Court for additional treatment and detention.

8. *Will I be able to have contact with the Respondent once at the hospital?*

The hospital will make this decision. The hospital has to abide by the privacy regulations of HIPAA. The Court is not involved in the process once the Respondent is hospitalized unless the hospital finds the need for more time to stabilize the Respondent, at which time the hospital could file a Petition for Additional Detention.

9. *What if the Sheriff or Police cannot find or pick up the Respondent within the allotted time?*

The order/warrant is no longer valid after 10 days. If Respondent's condition persists, a new Petition must be filed with the Court. This is why it is very important that Petitioner provide a good address for the Respondent and (if necessary) assist the Sheriff or other officer in locating the Respondent for transportation.

10. ***What can I do if I'm fearful for myself, my family or the Respondent before officers have picked up the Respondent for transportation to the hospital?***

You should call the Police anytime you feel in danger. You may want to request to speak with a CIT Officer and tell him/her you have completed 96-hour paperwork with the Court OR contact 911 in the event of an emergency.

11. ***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 over the telephone that we have anything on file for Respondent. Petitioners may come back to the Courthouse in person (with identification) for further assistance.

**CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE DIVISION**  
**21<sup>ST</sup> JUDICIAL CIRCUIT, ST. LOUIS COUNTY, MISSOURI**

**INSTRUCTIONS:**

Complete this form for all parties known at the time of filing. Place a check in the box next to the appropriate Case Type and Party Type. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties, if reasonably available. 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. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: \_\_\_\_\_ In the Matter of: \_\_\_\_\_

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

**Party Type Code:**  Petitioner

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Party Type Code:**  Respondent

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_ Gender:  Male  Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*IMPORTANT:** It is the parties' responsibility to keep the Court informed of any change of address or employment.\*



IN THE CIRCUIT COURT OF SAINT LOUIS COUNTY, MISSOURI

Probate Division	<b>Case Number:</b>
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In the Matter of \_\_\_\_\_, Respondent.

**Respondent Information Sheet**

Name of Respondent: \_\_\_\_\_

Home address of Respondent: \_\_\_\_\_

Telephone number at home address: \_\_\_\_\_

Other address(es) 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



IN THE CIRCUIT COURT OF SAINT LOUIS COUNTY, MISSOURI  
 PROBATE DIVISION

**APPLICATION FOR DETENTION, EVALUATION AND  
 TREATMENT/REHABILITATION ADMISSION FOR 96 HOURS**

IN THE MATTER OF \_\_\_\_\_, RESPONDENT.

The Petitioner herein states to the Court as follows:

1. The Respondent \_\_\_\_\_ (name), age \_\_\_\_\_, birthdate \_\_\_\_\_, resides at

\_\_\_\_\_  
 (street) (city) (county) (state) (zip code)

and is now at \_\_\_\_\_.

2. Petitioner 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 Petitioner’s belief that the Respondent is mentally disordered/abuses alcohol or drugs or both are:

4. The facts that support Petitioner’s belief that the Respondent presents a likelihood of serious harm are:

5. Attached and made a part of hereof are affidavits in support of this application and the names and addresses of persons known to Petitioner to have personal knowledge of the facts.

WHEREFORE, Petitioner requests the Court hold a hearing on this Application and to order that the Respondent be taken into custody and transferred to \_\_\_\_\_ (hospital) for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, RSMo. \_\_\_\_\_, Petitioner herein, verifies and affirms that the facts stated in the foregoing application are true to the best of his/her knowledge and belief.

SIGNATURE

PHONE:

STREET

CITY

STATE

ZIP CODE



**AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION AND TREATMENT/REHABILITATION ADMISSION FOR 96 HOURS**

IN THE MATTER OF \_\_\_\_\_, RESPONDENT.

\_\_\_\_\_ (name of person giving Affidavit), \_\_\_\_\_  
(relationship to Respondent), 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 him/herself or others.)

NAME (SIGNATURE)

STREET ADDRESS

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

NOTARY'S SIGNATURE

USE RUBBER STAMP IN AREA BELOW.



**AFFIDAVIT IN SUPPORT OF APPLICATION FOR DETENTION, EVALUATION AND TREATMENT/REHABILITATION ADMISSION FOR 96 HOURS**

IN THE MATTER OF \_\_\_\_\_, RESPONDENT.

\_\_\_\_\_ (name of person giving Affidavit), \_\_\_\_\_  
(relationship to Respondent), 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 him/herself or others.)

NAME (SIGNATURE)

STREET ADDRESS

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

NOTARY'S SIGNATURE

USE RUBBER STAMP IN AREA BELOW.

