



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 and/or abuses alcohol and/or drugs, as defined by law, and presents a likelihood of serious harm to himself/herself or others, and thus in need of detention, evaluation, and treatment/rehabilitation in a mental health facility and/or alcohol or drug abuse facility.

Applicant, _____, affirms under oath or affirmation as follows:

(Describe the behavior that respondent exhibits that supports the conclusion that respondent is mentally disordered and/or abuses alcohol and/or drugs and presents a likelihood of serious harm to himself/herself or others.)

The preceding statement was made under oath or affirmation and is true and correct to the best knowledge and belief of the affiant, subject to the penalties of making a false affidavit or declaration.

NAME (SIGNATURE)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE