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 a			ed by law, and presents
a likelihood of serious harm to himself/herself or o	thers, and thus	in need of de	tention, evaluation, and
treatment/rehabilitation in a mental health facility an	d/or alcohol or o	drug abuse fac	ility.
Applicant,		_, hereby swe	ars and affirms that the
statements made below are true to the best of his/h	er knowledge ar	nd belief:	
(Describe the behavior that respondent exhibits that supports the co and/or drugs and presents a likelihood of serious harm to himself/her		dent is mentally dis	sordered and/or abuses alcohol
NAME (SIGNATURE)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	TELEPHONE

MO 650-0173 (8-2022)

DMH 142