

**CIRCUIT COURT OF ST CHARLES COUNTY, MISSOURI
PROBATE DIVISION**

NO. _____

Matter of _____, an incapacitated person.

APPLICATION FOR ORDER AUTHORIZING ADMISSION OF WARD TO MENTAL
*HEALTH FACILITY
(Sec. 475.121 RSMo.)

As Guardian of the above name incapacitated person, I hereby state to the Court as follows:

1. That on the _____ day of _____, 20____, _____ was adjudged by this Court to be incapacitated and that I was appointed by the Court as Guardian of said Ward.

2. *A – That the above named Ward was admitted to _____ on the _____ day of _____, 20____ and, has been found by the attached evaluation to have a mental disorder other than mental retardation and is suitable for inpatient admission to a mental health facility under Section 632.120 RSMo.

*B – That the above named Ward has been found by the attached evaluation to be in need of admission to a mental retardation facility under Section 633.120 RSMo. (Doctor's Letter)

WHEREFORE, as Guardian, I request that this Court enter an order authorizing the admission of the above named Ward to- _____, a mental *health *retardation facility.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Date: _____

Guardian

*strike if inapplicable

