

INFORMATION SHEET- 96 HOUR COMMITMENT

Please read this document completely as it explains information you will need to know before completing a 96 Hour Commitment.

The respondent will receive copies of the application and affidavits that you file with the Court.

The respondent must be 18 years or older to do a commitment through the Probate Division.

One or Two people with first-hand knowledge will need to complete the application and affidavit. One person can complete the application.

Please provide an address where the respondent is living and can be located. This is important because the Sheriff's Department will generally try to get the respondent served fairly quickly and it is important for them to know where to look.

There is a filing fee that will need to be paid at the time you file your paperwork. The fee is \$100.50 and can be paid with cash, money order or a cashier's check.

We do not accept personal checks

If you cannot afford the filing fee, you can file an Affidavit to Proceed as a Poor Person and ask that the filing fee be waived. This will need to be filed at the same time as the application and affidavits. If the Affidavit to Proceed as a Poor Person is denied, the required filing fee will need to be paid before we can proceed with the application.

You will need to state in the application and affidavits what the respondent is doing that makes them a danger to himself/herself or others. What you put in your paperwork is what the Judge is going to consider when determining whether this person needs to be committed or not.

Please do not list actions that happened years ago - the Judge needs to know what the person is doing RIGHT NOW that makes him/her a danger to himself/herself or others.

If you have filed an ex-parte against the respondent (such as a husband or wife against the other spouse), the Judge might request that this matter be set for hearing. In that case court costs might be taxed against you or the respondent.

Once the paperwork has been filed, we will open the case and take the paperwork to a Judge. The Judge will either deny the request or sign the Order to have the person committed to a facility.

Once the Order has been signed by the Judge, we will notify the Sheriff's department that we have commitment papers that are being sent to them. Once the Sheriff's Department has received the paperwork, they will try to find the respondent and take them to the appropriate facility. The Order is valid for (4) four days from the day that the Judge signed it. If the Sheriff's department cannot find the respondent during that time, the Order will become void.

Updated November 21 2023

That is why it is so important for you to provide a location of where the respondent can be served.

If you have knowledge that the respondent has a gun or weapon or is violent, please list this on the respondent information sheet and let our office know so that we may pass this information along to the deputies. Also, any additional information you can provide on the respondent will be helpful. Additional information examples are: date of birth, social security number, race, height, hair color, eye color, descriptive information about the vehicle they drive.

Once the respondent has been delivered to the facility, they will do an evaluation and they can detain the respondent for 96 hours. They can release the respondent at any time during the 96 hour period if they feel that the respondent is not a danger to himself/herself or others.

During the 96 hour period, if the doctors feel that the respondent needs further treatment and the respondent does not consent to further treatment, the doctors can file a Petition for Additional Treatment (usually 21 days or 30 days). If the respondent needs further treatment after the 21 day or 30 day treatment, they can file for additional treatments such as 90 day or 1 year. In such cases, we will have a court hearing for any additional treatments that are filed. Also, if the doctors feel that the respondent is not in danger of harming himself/herself or others, they can release them any time before the 96 hour period is over.

Please be aware that once you file the paperwork, the file becomes a **CLOSED AND CONFIDENTIAL** file. We will not release any information on the file over the phone. If you have filed in person, and would like to know if the Judge signs the Order, then you can wait in the Probate area, until the Judge has reviewed the 96 Hour Application. At that time we can relay the information, but once you leave we cannot relay any information to you in person or over the phone.

Boone County Circuit Clerk
Probate Division
705 E Walnut, Columbia MO 65201
573-886-4090 or 573-886-4095 fax

**AFTER HOURS AND WEEKENDS CONTACT THE BOONE
COUNTY SHERIFF'S DEPARTMENT
875-1111, EXT. 0**



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**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 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 is in need of detention, evaluation, and treatment/rehabilitation in a mental health facility and/or alcohol or drug abuse facility.
3. The facts that support the applicant's belief that the respondent is mentally disordered and/or abuses alcohol and/or drugs 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 an appropriate and willing mental health facility and/or alcohol or drug abuse facility for detention, evaluation, and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo, or Chapter 631, RSMo. Applicant hereby swears and affirms that the facts stated in the foregoing application are true to the best of his/her knowledge and belief.

Attachments

DIVISION CLERK		DEPUTY DIVISION CLERK		
APPLICANT		TELEPHONE		
STREET	CITY	COUNTY	STATE	ZIP CODE



**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, _____, hereby swears and affirms that the
statements made below are true to the best of his/her knowledge and belief:

(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.)

NAME (SIGNATURE)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE



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, _____, hereby swears and affirms that the
statements made below are true to the best of his/her knowledge and belief:

(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.)

NAME (SIGNATURE)

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

**CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE
13TH JUDICIAL CIRCUIT, BOONE 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: _____ ☐ Estate of ☐ In the Matter of ☐ Plaintiff v. Defendant ☐ Petitioner v. Respondent

Name(s): _____

Case Type: WILLS - ☐ P7 - Will Filed During Lifetime; ☐ P9 - Will Filed Only – Deceased; ☐ PK - Will Admitted or Rejected.

REFUSALS: ☐ - PE - Refusal of Letters – Creditor; ☐ PF – Refusal of Letters – Spouse; ☐ PG – Refusal of Letters – Minor;

SMALL ESTATES: ☐ PH – Small Estate Affidavit with Will; ☐ PI – Small Estate Affidavit without Will;

FULL ADMINISTRATION: ☐ PC - Independent Administration with Will; ☐ PD – Independent Administration without Will;

☐ PA - Supervised Administration with Will; ☐ PB – Supervised Administration without Will;

OTHER DECEDENT: ☐ PJ - Determination of Heirs; ☐ PX - Required Administration;

GUARDIAN/CONSERVATOR – ADULT: ☐ PR – Guardianship – Adult; ☐ PT – Limited Guardianship – Adult;

☐ PN – Conservatorship – Adult; ☐ PP- Limited Conservatorship – Adult; ☐ PU – Guardian/Conservator – Adult;

☐ PW – Limited Guardian/Conservator – Adult;

GUARDIAN/CONSERVATOR – MINOR: ☐ PS – Guardianship – Minor; ☐ PL – Limited Guardianship – Minor;

☐ PO – Conservatorship – Minor; ☐ PV – Guardian/Conservator – Minor; ☐ PY – Limited Guardian/Conservator – Minor;

MISCELLANEOUS ADULT/MINOR: ☐ G1 – Registration Foreign Order Guardian/Conservator – Adult;

☐ G2 – Registration Foreign Order Guardian/Conservator – Minor;

TRUSTS: ☐ P3 – Successor Trustee; ☐ P4 – Trust Registration; ☐ P5 – Trust Litigation;

OTHER MISCELLANEOUS: ☐ P6 – Sexual Predator; ☐ PZ – Probate Miscellaneous – Other

Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Telephone Number: _____			
DOB _____		DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN: _____			
Attorney Name (if represented by counsel): _____		Bar ID: _____	Party Type Code: _____

Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Telephone Number: _____			
DOB _____		DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN: _____			
Attorney Name (if represented by counsel): _____		Bar ID: _____	Party Type Code: _____

Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Telephone Number: _____			
DOB _____		DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN: _____			
Attorney Name (if represented by counsel): _____		Bar ID: _____	Party Type Code: _____

Party Type Code: <input type="checkbox"/> Decedent; <input type="checkbox"/> Minor; <input type="checkbox"/> Respondent; <input type="checkbox"/> Petitioner; <input type="checkbox"/> Plaintiff; <input type="checkbox"/> Defendant; <input type="checkbox"/> Natural Mother; <input type="checkbox"/> Natural Father; <input type="checkbox"/> Spouse; <input type="checkbox"/> Creditor; <input type="checkbox"/> Heir; <input type="checkbox"/> Devisee; <input type="checkbox"/> Interested Party; <input type="checkbox"/> Depositor; <input type="checkbox"/> Designated Resident Agent; <input type="checkbox"/> <input type="checkbox"/> Trustee; <input type="checkbox"/> Successor Trustee; <input type="checkbox"/> Settlor; <input type="checkbox"/> Grantor; <input type="checkbox"/> Trustor			
Name (if a person): (Last) _____ (First) _____ (Middle) _____			
Organization (if non-person): _____			
Address: _____			
City: _____		State: _____	Zip: _____
Contact Telephone Number: _____			
DOB _____		DOD: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
SSN: _____			
Attorney Name (if represented by counsel): _____		Bar ID: _____	Party Type Code: _____



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: _____

