



STATE OF MISSOURI
DEPARTMENT OF MENTAL HEALTH

**APPLICATION FOR 96 HOUR IMMINENT HARM ADMISSION
TO A MENTAL HEALTH OR ALCOHOL AND DRUG ABUSE FACILITY**

(A MENTAL HEALTH FACILITY/ALCOHOL OR DRUG ABUSE FACILITY)

The applicant is a _____ who may complete this application under Section 632.305.4, RSMo, or Section 631.120.1, RSMo.

The applicant herein states that he/she has reason to believe that the respondent, _____, age _____, birthdate _____, gender ☐ Male ☐ Female, who resides at
6000 Hospital Drive Hannibal Marion MO 63401
(STREET) (CITY) (COUNTY) (STATE) (ZIP CODE)

is mentally disordered and/or abuses alcohol and/or drugs, as defined by law, and presents an imminent 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. Such belief is based upon the facts that have been derived from the applicant's personal observation and/or investigation.

1. The facts that support the applicant's belief that the respondent is mentally disordered and/or abuses alcohol and/or drugs are:

2. The facts that support the applicant's belief that the respondent presents an imminent likelihood of serious harm are:

Attached hereto and incorporated herein are the names and addresses of persons known to the applicant to have personal knowledge of said facts.

WHEREFORE, the applicant requests the mental health facility and/or alcohol or drug abuse facility to admit respondent 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.

APPLICANT

DATE

ADDRESS

6000 Hospital Drive Hannibal, MO 63401

TELEPHONE

573-248-5100