



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

6000 Hospital Drive

CITY

Hannibal

STATE

MO

ZIP CODE

63401

TELEPHONE

573-248-5100