

Civil Involuntary Detention-Frequently Asked Questions

For some persons, a mental disorder or a mental illness leaves them unable to make decisions about caring for their basic human needs such as food, shelter, and medical care. A few people who are experiencing a mental disorder or a mental illness may be in danger of hurting themselves or others. This can be a very confusing and frightening experience for them as well as for their families and friends. With appropriate evaluation, treatment, and continued care, most people with mental illness can return to their normal lives. Similarly, individuals who are misusing alcohol or drugs may be unable to make decisions about caring for their basic human needs such as food, shelter, and medical care. Alcohol or drug misuse may also place a person in danger of hurting themselves or others.

As with most types of medical evaluation and treatment, people may decide to participate voluntarily, may refuse to participate or may choose alternatives to the recommendations. For some people, the symptoms of a mental disorder or a mental illness or the effects of alcohol or drug misuse compromise their cognitive or reasoning ability, and they are left unable to understand sufficient information to make decisions about necessary and appropriate medical treatment.

Missouri Statutes, Chapter 632 RSMo, provide the statutory authority to allow involuntary treatment under certain conditions with appropriate due process. This process is called Civil Involuntary Detention.

Who can initiate a Civil Involuntary Detention?

Any adult person may file an application for detention, evaluation, and treatment with the probate division of the circuit court where the person may be found. Law Enforcement personnel, under their police power authority, may detain a person believed to be imminently harmful due to a mental disorder or substance use disorder and transport the person to an appropriate facility for evaluation for admission. Staff of the Access Crisis Intervention (ACI) system, the 24-hour crisis hotline, can also assist with the civil involuntary detention process. By calling the toll-free 24-hour ACI crisis number, the caller will be able to speak to a mental health worker who will evaluate the current situation and assist with the appropriate response. Facilities that are recognized by the Department of Mental Health to provide civil involuntary detention services have mental health professionals who are designated and approved to initiate on-site civil involuntary detention for individuals in need of emergency evaluation and treatment. These professionals may be psychiatrists, licensed physicians, psychiatric residents, psychologists, nurses or social workers, licensed professional counselors or a qualified addiction professional.

If the situation is an emergency, what do I do?

If possible and safe to do so, get the person to the emergency room of a hospital that treats persons with mental disorders. If the person is currently receiving mental health treatment, call the person responsible for the treatment and that person should provide you with an emergency plan and assist with crisis intervention. Call the police or sheriff; tell them about the situation and explain why it is an emergency. If appropriate to do so, the law enforcement officer may take the person into custody and transport the person to an appropriate facility.

If the situation is not an immediate emergency, what do I do?

If the person is currently receiving mental health treatment, call the person providing the treatment. That person should assist you. Call the toll-free 24-hour Access Crisis Intervention (ACI) 24-hour crisis hotline. You will be able to speak to a mental health worker who will evaluate the current situation and assist you with the appropriate response. If you have sufficient information that the person has a mental disorder and presents a likelihood of harm, you may petition the Probate Court for civil detention.

How long will a person be detained, evaluated and treated?

The initial period is for up to 96 hours, excluding weekends and certain holidays. After the initial period, the person's treating physician and treatment team will decide if further detention, evaluation, and treatment are needed. If so, the treating psychiatrist and treatment team may initiate a court hearing for the appropriate time frame, 21 days, 90 days, or one year for mental health treatment and 30 or 90 days for alcohol or drug treatment.

What happens in court?

If an application for 96 hours is presented to the Probate Division of the Circuit Court, the judge will decide whether to order the person detained, evaluated, and treated in an appropriate facility for up to 96 hours. If a petition is filed for commitment beyond the initial 96-hour period, a formal hearing will be held in the court to hear facts supporting the petition. During this hearing the person against whom the petition is filed will be represented by an attorney; if the person cannot afford an attorney, the court will appoint one. The judge will hear the evidence and make the final decision as to whether the person will be committed for an additional period.

Will I be asked to testify in court?

If you have observed recent behavior of a person that supports the allegation in the petition, you will usually be asked to testify. Sometimes family members or friends are the only persons who have witnessed harmful behavior.

Does Missouri have an outpatient commitment law?

Missouri has provisions for releasing a person from a mental health facility to outpatient commitment. These statutory provisions allow for a mental health facility to set conditions for a person's release and provides authority to return a person to a mental health facility if the conditions are not met.

Do Missouri statutes include "gravely disabled" criteria?

Yes. The criteria that a person must be mentally disordered and, as a result, present harm to self or others includes a standard that a person may be harmful if, as a result of an impairment, he or she is unable to make decisions regarding hospitalization or treatment as evidenced by not providing for basic necessities of food, clothing, shelter, safety, or medical care.

Are there any other laws that can be used to help persons who are incapacitated by mental illness?

Yes. If a person continues to be unable to make basic decisions because of an impairment, guardianship should be considered. This legal process places the personal decision making in the hands of another person who is legally able to authorize needed services. This law has provisions for limited guardianship that allows the guardian to only have decision-making powers under certain conditions.

Does a person have to be homicidal or suicidal before he or she is able to be civilly detained?

No. Verbal threats to do harm are sufficient, or even placing a person in fear of harm is sufficient. The standard is "a likelihood of serious physical harm to self or others." Past patterns of behavior that have historically have resulted in harm may also be considered.

GUIDELINES FOR COMPLETING APPLICATIONS

- *DMH 128* is the Application used for mental health and alcohol and drug 96 hour involuntary commitments in probate court.
- *DMH 132* is the Application used by facility designees or peace officers for 96 hour imminent harm commitments for mental health and alcohol and drug.
- *DMH 133* is the Application used by facility designees for a voluntary client requesting release.
- "RESPONDENT" means the person who is the subject of the involuntary detention proceedings.
- Begin your Application by providing identifying information about the respondent.
- Provide information that supports the belief that the respondent is mentally disordered or an abuser of alcohol or drugs or both.
- Provide information that supports the belief that the respondent presents a likelihood of serious harm.
- Summarize the information provided on the affidavits.
- The Application must state the facts, behaviors and beliefs that support the application.
- Witnessed behaviors should be included if possible.
- Peace Officer Applications are based on the officer's own personal observations or investigations.
- Attach the Affidavits (*DMH 142*) and the List of Witnesses (*DMH 137*).
- Write only on the front of the Application form.
- Applications must be notarized.
- The Application becomes part of the court file and medical record which are accessible to the individual if the individual requests to see it. There is no guarantee of confidentiality.
- Local courts may have other or additional requirements.



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/abuses alcohol or drugs or both as defined by law and presents a likelihood of serious harm to h____self or others, and thus is in need of detention, evaluation and treatment/rehabilitation.

3. The facts that support the applicant's belief that the respondent is mentally disordered/abuses alcohol or drugs or both 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 in to custody and transferred to _____ for detention, evaluation and treatment/rehabilitation for a period not to exceed 96 hours pursuant to Chapter 632, RSMo/Chapter 631, RSMo _____, applicant herein, verifies and affirms that the facts stated in the foregoing application are true to the best of h____ knowledge and belief.

Attachments

DIVISION CLERK		DEPUTY DIVISION CLERK		
		By		
APPLICANT			TELEPHONE	
STREET		CITY	COUNTY	STATE
				ZIP CODE
NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE		COUNTY (OR CITY OF ST LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME THIS			
	DAY OF		YEAR	
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)				
USE RUBBER STAMP IN CLEAR AREA BELOW.				

GUIDELINES FOR COMPLETING THE LIST OF WITNESSES

- *DMH 137* is the List of Witnesses used for mental health and alcohol and drug involuntary commitments.
- Provide the names, addresses and telephone numbers of prospective witnesses who executed an Affidavit, who may testify or who may have knowledge about the person referred for commitment.
- The name of the attorney who will represent the respondent does not need to be provided at the time the application is filed. This will be determined later and the List of Witnesses forwarded to the attorney. The person filing the Application does not need to be concerned about this.
- The List of Witnesses becomes part of the court file and medical record which are accessible to the individual if the individual requests to see it. There is no guarantee of confidentiality.
- Including someone on the List of Witnesses does not mean that person will have to complete an Affidavit or have to testify.
- Anyone not on the List of Witnesses may not be allowed to provide testimony.
- Local courts may have other or additional requirements.

GUIDELINES FOR COMPLETING AFFIDAVITS

- *DMH 142* is the Affidavit used for mental health and alcohol and drug involuntary commitments and is executed under oath.
- "RESPONDENT" means the person who is the subject of the involuntary detention proceedings.
- Begin your Affidavit by identifying your relationship to the respondent.
- An Affidavit should address issues of mental disorder or alcohol/drug abuse and likelihood of serious harm
- Generally, an Affidavit should answer the questions: who, what, when, where, and how.
- Describe those behaviors and statements which suggest the person may be mentally disordered or an alcohol and/or drug abuser.
- Describe those behaviors and statements that suggest the person may be harmful to himself or others.
- Statements should be concise and to the point.
- Witnessed behaviors should be included if possible.
- Peace Officer Affidavits are based on the officer's own personal observations or investigations.
- Write only on the front of the Affidavit form.
- Affidavits must be notarized.
- The Affidavit becomes part of the court file and medical record which are accessible to the individual if the individual requests to see it. There is no guarantee of confidentiality.
- Some probate courts may require more than one Affidavit in certain situations or may have other or additional requirements.



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.

_____, HEREBY AFFIRMS AN OATH AS FOLLOWS:
 (Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or
 an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE)

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
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NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		



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.

_____, HEREBY AFFIRMS AN OATH AS FOLLOWS:
 (Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or
 an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE) _____

STREET ADDRESS _____

CITY	STATE	ZIP CODE	TELEPHONE
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NOTARY PUBLIC EMBOSSEUR OR BLACK INK RUBBER STAMP SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS) _____	
	SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____ YEAR		
	NOTARY PUBLIC SIGNATURE _____	MY COMMISSION EXPIRES _____	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPED OR PRINTED) _____		



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.

_____, HEREBY AFFIRMS AN OATH AS FOLLOWS:
 (Describe the behavior which respondent exhibits which supports the conclusion that respondent is mentally disordered or
 an alcohol or drug abuser and presents a likelihood of serious harm to himself or others.)

NAME (SIGNATURE)

STREET ADDRESS

CITY	STATE	ZIP CODE	TELEPHONE
------	-------	----------	-----------

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE OF _____	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME THIS	
	DAY OF _____	YEAR _____
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXP RES _____	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

Case Number (For Court Use Only) _____

CONFIDENTIAL CASE FILING INFORMATION SHEET – MENTAL HEALTH
21ST JUDICIAL CIRCUIT, PROBATE DIVISION, ST. LOUIS 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: _____ In the Matter of: Name: _____

Case Type: HA – Application 96 Hour – Mental Health; HB – Petition 21 Day –Mental Health;

HC – Petition 90 Day – Mental Health; HD – Petition 180 Day – Mental Health; HE – Petition 1 Year – Mental Health;

HF – Petition ECT Treatment; HG – Application Conditional Release; HO – Application 96 Hour – Alcohol/Drug;

HP – Petition 30 Day – Alcohol/Drug; HQ – Petition 90 Day – Alcohol/Drug; HR – Involuntary Detention/Treatment – Out of County

Party Type Code: <input type="checkbox"/> Respondent <input type="checkbox"/> Petitioner
Name (if a person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
DOB _____ 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"/> Respondent <input type="checkbox"/> Petitioner
Name (if a person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
DOB _____ 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"/> Respondent <input type="checkbox"/> Petitioner
Name (if a person): (Last) _____ (First) _____ (Middle) _____
Organization (if non-person): _____
Address: _____
City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
DOB _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____
Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Submitted by: _____ Bar ID (required if attorney): _____
Address (if not shown above): _____
City: _____ State: _____ Zip: _____
Phone: _____ Email Address: _____
IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.

Probate Court Information

CALL COURT HOUSE PRIOR TO ARRIVING TO FIND OUT THEIR SPECIFICS REQUIREMENTS – THIS WILL SAVE YOU TIME AND AVOID “THE RUN AROUND”

- **St. Louis City**

Location: Civil Courts Building, 10th Floor

10 North Tucker Boulevard

St. Louis, MO 63101

Contact: Tina Stuckmeyer, Legal Counsel 314-622-4676

- **St. Louis County**

Location: St. Louis County Probate Court, 5th Floor

105 S Central

St. Louis, MO 63105

Contact: Issue Department 314-615-2616 – anyone in department can assist

Notary available in Sheriff's Office, no fee for court paperwork. IF APPLICANT IS A SPOUSE then an additional separate affidavit is required in addition, and it is important for one specific address to be provided where the respondent will be served (versus multiple locations).

- **St. Charles County**

Location: St. Charles County Courthouse

300 N. 2nd Street, Suite 517 (5th floor)

St. Charles, MO 63301

Contact: 636-949-3086

There is an area to complete paperwork, no notary on site, and applicant checking on bed availability is preferred.

- **Jefferson County**

Location: 300 Main Street

Hillsboro MO, 63050

Contact: 636-797-5511, Chelsea, Deputy Clerk can assist.

A minimum of 2 affidavits is required. Applicant is responsible for finding a facility with available bed.

Must go to Comtrea (any location) to complete paperwork

- **Lincoln County**

Location: Lincoln County Justice Center

45 Business Park Drive

Troy, MO 63379

Contact: 636-528-6300 (if needed, in the directory, this is the Circuit Clerk office/option 1), ask for Karen (typically uses SSM Wentzville. If some other hospital is preferred, need to find on own)

Paperwork must be completed and notarized before arriving at this location

Probate Court Information

- **Franklin County**
Location: Franklin County Judicial Center
401 East Main Street
Room 100 A
Union, MO 63084
Contact: 636-583-6312 or 636-583-6329 –ask for “Bonnie” in Probate Division. Paperwork is available at this location as well as a degree of guidance, however there are no notaries other than possibly at nearby banks.
2 affidavits required \$131.50 Fee for application (filing cost and “mileage”)
- **Warren County**
Location: Warren County Courthouse, 2nd Floor
104 West Main Street
Warrenton, MO 63383
Contact: Sheryl Schimweg 636-456-3363 ext. 326. Paperwork must include information sheet on anyone providing information regarding respondent (a “Party Information Sheet” and these are available from Sheryl Schimwig and relatively simple demographics). Also must include a respondent information sheet. 2 Affidavits required
- **St. Francois County**
Location: St. Francois County Courthouse
1 North Washington Street
Farmington, MO 63640
Contact: 573-756-6601 – Probate Division. Paperwork can be completed and notarized prior to arrival. If notary is not available documents can be signed in front of Deputy Clerk. Applicant is responsible for finding facility with available bed. A minimum of 2 affidavits required.
* Must go to BJC Behavioral Health for help completing first located at 1085 Maple Farmington, MO 63640; phone 573-756-5353 hours M-Th 9:00 am – 5 pm, Friday 9:00 am – 3:00 pm
- **Iron County**
Location: Iron County Courthouse
250 S. Main St., Ste. 220
Ironton, MO 63650 (judge wants nonprofessionals to be helped with this first)
Contact: Denise Anderson 573-546-2511. Paperwork must be completed at the courthouse (assistance available) and signed before Deputy Clerk. 2 affidavits required.
- **Washington County**
Location: Washington County Courthouse
102 North Missouri Street
Potosi, MO 63664
Contact: Jenny Trokey 573-438-6111 ext. 240 – Forms must be completed at courthouse. Judge prefers to have an affidavit from someone other than a family member (doctor or mental health professional). If Jenny is not available someone from the Associate Division can help. Uses local ER first for medical clearance before attempting placement



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: _____