

**CIRCUIT COURT OF CLAY COUNTY, MISSOURI  
PROBATE DIVISION**

No. \_\_\_\_\_

Matter of \_\_\_\_\_, an incapacitated person.

APPLICATION FOR TRANSPORTATION OF MENTALLY DISORDERED WARD  
TO MENTAL HEALTH FACILITY

I, \_\_\_\_\_,  
guardian of the above-named incapacitated person, state to the Court that said Ward is  
mentally disordered and should be admitted to a mental health facility as indicated by the  
following conduct: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, the Guardian herein requests that the Court order that the said  
Ward, \_\_\_\_\_, be taken into custody by the Sheriff  
of Clay County, Missouri, and be transported to \_\_\_\_\_  
\_\_\_\_\_ an  
appropriate mental health facility where I will make application for the Ward's  
admission.

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

