

IN THE _____ OF _____ COUNTY, TENNESSEE

In the Matter of _____)
_____)
_____)
Service Recipient _____)

Docket No. _____

**AFFIDAVIT REGARDING SERVICE RECIPIENT'S FAILURE TO COMPLY WITH
MANDATORY OUTPATIENT TREATMENT PLAN WITHOUT GOOD CAUSE
UNDER T.C.A. §33-6-609**

1. I, _____ state that I have personal knowledge of _____
(Name of Affiant) (Name of Service Recipient)
and his or her condition as of this date.

2. I am am not the treating qualified mental health professional.

3. I state that:

3.1 the service recipient is required to be participating in mandatory outpatient treatment under
T.C.A. §33-6-602, and

3.2 the service recipient is, without good cause, out of compliance with the treatment plan, and

3.3 the service recipient's treating qualified mental health professional, _____
(Name of treating professional)
_____, believes the non-compliance is not likely to be corrected voluntarily.

4. I base my beliefs on the following facts: _____

Signature of Affiant

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My commission expires _____(Date)