

IN THE CHANCERY COURT OF \_\_\_\_\_ COUNTY, MISSISSIPPI  
\_\_\_\_\_ JUDICIAL DISTRICT

IN RE: \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

**UNIFORM COMMITMENT AFFIDAVIT PURSUANT TO MCA SECTION 41-21-65**

COMES NOW \_\_\_\_\_, relative and/or interested person, residing at \_\_\_\_\_, telephone number \_\_\_\_\_, duly sworn and deposed, says the following to be true and correct to the best of my knowledge and belief:

\_\_\_\_\_ is a person I allege to be in need of treatment by outpatient or inpatient commitment. To my knowledge this person **DOES / DOES NOT** (*circle one*) reside or have visitation rights with a **minor child** or children. Their nearest relative, if known, is \_\_\_\_\_ who resides at \_\_\_\_\_, telephone number \_\_\_\_\_. I allege the person to be in need of treatment because the person is **mentally ill** under law and poses a likelihood of physical harm to themselves or others as demonstrated by (*mark as many as may apply*) \_\_\_\_\_ **a recent attempt or threat** to physically harm themselves or others and/or \_\_\_\_\_ **a failure and inability** to provide necessary food, clothing, shelter, safety, or medical care to themselves as a result of the impairment and/or \_\_\_\_\_ **based on treatment history or other relevant evidence, this person is in need of treatment to prevent further disability or deterioration** which will predictably result in dangerousness when their current mental illness limits or negates their ability to make an informed decision to seek or comply with recommended treatment. To my knowledge the recent behavior described herein is **not** caused by any of the following: **epilepsy; intellectual disability; brief periods of intoxication, dependence upon or addiction to alcohol or drugs; or senile dementia.**

Factual descriptions of recent behavior, witnesses, and where and when it occurred, if known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (*attach additional pages if needed*)

I **HAVE/HAVE NOT** (*circle one*) consulted with a Community Mental Health Center or a physician to determine whether the alleged acts by the proposed respondent warrant civil commitment in lieu of other less-restrictive treatment options.

SWORN TO AND SIGNED BY MY HAND this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ A.D.

\_\_\_\_\_  
AFFIANT (relative and/or interested person)

SWORN TO AND SUBSCRIBED BEFORE ME this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ A.D.

\_\_\_\_\_  
NOTARY PUBLIC

August 1, 2019