

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

IN RE: _____

CAUSE NO. _____

UNIFORM ALCOHOL & DRUG COMMITMENT AFFIDAVIT UNDER MCA SECTION 41-32-3

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

_____ is a person, I allege to be:

- (a) an alcoholic or drug addict, i.e., he/she is powerless over alcohol or drugs, or both, and his/her life has thereby become unmanageable;
 - (b) Defendant's mental and physical health, his/her continued family life or his position in the community are dependent on his/her are dependent on his/her treatment at a chemical dependency unit, alcohol and drug unit, outpatient house or another private treatment facility, or combination of facilities, providing treatment for chemically dependent persons;
 - (c) Defendant has refused to commit him/herself to such private treatment facility, though having been requested to do so by persons who genuinely care for his well-being;
 - (d) The Affiant has selected a particular private treatment facility which, if located in this state, has been approved by the Department of Mental Health, Division of Alcohol and Drug Abuse;
 - (e) The Affiant has made adequate financial arrangements for defendant's treatment at such facility;
- AND
- (f) Such facility has approved the admission of the defendant, subject to commitment by the chancery court.

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

_____ (attach additional pages if needed)

SWORN TO AND SIGNED BY MY HAND this the ____ day of _____, 20__ A.D.

AFFIANT (relative and/or interested person)

SWORN TO AND SUBSCRIBED BEFORE ME this the ____ day of _____, 20__ A.D.

NOTARY PUBLIC

August 1, 2019