

**STATE OF NEW MEXICO
COUNTY OF _____ JUDICIAL DISTRICT COURT**

IN THE MATTER OF :
A PERSON ALLEGED TO BE IN NEED
OF ASSISTED OUTPATIENT TREATMENT

D-____-SI-20____-

AFFIDAVIT OF QUALIFIED PROFESSIONAL

Affiant under NMSA 1978, Section 43-1-B-4(D), states:

I, _____, alert the Court to the following:

1. I am a physician, licensed psychologist, prescribing psychologist, certified nurse practitioner or clinical nurse specialist with a specialty in mental health, or a physician assistant with a specialty in mental health.

Please initial either 2 or 3:

2. _____ I have personally examined the Respondent no more than ten days prior to the filing of the instant petition, and I recommend assisted outpatient treatment for the Respondent; OR
3. _____ No more than ten days prior to the filing of the instant petition, I have unsuccessfully attempted to persuade the Respondent to submit to an examination, and I have reason to believe that the Respondent meets the criteria for assisted outpatient treatment.
4. I am willing and able to testify at the hearing on the petition either in person or by contemporaneous transmission from a different location.
5. Respondent meets all of the criteria for assisted outpatient treatment:

- a. The Respondent's last known address is:

_____;

- b. The Respondent is eighteen years of age or older:

Date of Birth: _____;

- c. The Respondent's [suspected] primary diagnosis is:

_____;

d. The Respondent has demonstrated a history of lack of compliance with treatment for mental disorder that has:

Please initial one or more of the following:

- ____
 - (1) at least twice within the last forty-eight months, been a significant factor in necessitating hospitalization or necessitating receipt of services in a forensic or other mental health unit or a jail, prison or detention center; provided that the forty-eight-month period shall be extended by the length of any hospitalization, incarceration or detention of the person that occurred within the forty-eight-month period; AND/OR
- ____
 - (2) resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last forty-eight months; provided that the forty-eight-month period shall be extended by the length of any hospitalization, incarceration or detention of the person that occurred within the forty-eight-month period; AND/OR
- ____
 - (3) resulted in the person being hospitalized, incarcerated or detained for six months or more and the person is to be discharged or released within the next thirty days or was discharged or released within the past sixty days;

Facts in support:

6. The Respondent is unwilling or unlikely, as a result of a mental disorder, to participate voluntarily in outpatient treatment that would enable the person to live safely in the community without court supervision;
7. The Respondent is in need of assisted outpatient treatment as the least restrictive, appropriate alternative to prevent a relapse or deterioration likely to result in serious harm to self or likely to result in serious harm to others;
8. The Respondent will likely benefit from, and the Respondent's best interests will be served by, receiving assisted outpatient treatment.
9. In accordance with NMSA 1978, Section 43-1B-7, a treatment plan will be provided no later than the day of the hearing.

VERIFICATION

I, _____, affirm under penalty of perjury under the laws of the State of New Mexico that the information above is true and correct.

Signature of Affiant

Printed name of Affiant

Date

Subscribed and sworn to before me for the above-named, in the County of _____, State of New Mexico, this _____ day of _____, 20__.

Notary Public

My commission expires: _____