

**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:  
\_\_\_\_\_;



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: \_\_\_\_\_