

3. Has the subject previously participated in treatment? ___Yes ___No

If yes, please specify known details below:

4. Do you believe the subject will voluntarily comply with treatment? ___Yes ___No

If no, please explain below:

5. Does the subject currently have a treating psychiatrist/psychologist? ___Yes ___No

If yes, please list _____

- 6. I understand that this affidavit will be reviewed by a Deputy County Attorney, who will determine whether the filing of a petition for commitment is appropriate.
- 7. I am willing to sign a petition for commitment and understand that this affidavit may be filed and used in commitment proceedings; and
- 8. I am willing to appear before the Mental Health Board for Lancaster County, Nebraska, and present testimony regarding the subject's mental illness and dangerousness.

Dated this ___ day of _____, 20 ____.

Affiant (printed name)

Signature of Affiant

SWORN TO AND SUBSCRIBED before me this ___ day of _____, 20 ____.

Notary Public

SUBJECT INFORMATION

Full Name of Subject: _____

Other names used: _____

Address: _____

_____ Male _____ Female

Date of Birth: _____

Place of Employment: _____

Employment address: _____

Other places he or she may be found: _____

YOUR INFORMATION

Your Name: _____

Address: _____

Phone Numbers: _____
(work) *(home)* *(cell)*

Your relationship to subject: _____

Do you think a warrant needs to be issued and the subject placed in a hospital or Crisis Center before the hearing? ____ Yes ____ No

If yes, why?

WITNESS LIST

Please provide the names and contact information for all witnesses who have first-hand information regarding the subject's mental illness and/or dangerousness. In order to have a subject committed, the Mental Health Board requires that witnesses appear in person and testify. This information is critical; a petition will not be filed if you do not provide sufficient witness information.

1. Witness Name: _____

Telephone Numbers: _____

Will this person testify voluntarily or will he/she require a subpoena?

_____ will testify voluntarily

_____ will require a subpoena

If a subpoena is required, please provide an address where he/she can be served:

This witness can testify about (please be specific about what information the witness will provide to the mental health board):

(if more room is needed, please attach separate sheet).

2. Witness Name: _____

Telephone Numbers: _____

Will this person testify voluntarily or will he/she require a subpoena?

_____ will testify voluntarily

_____ will require a subpoena

If a subpoena is required, please provide an address where he/she can be served:

This witness can testify about (please be specific about what information the witness will provide to the mental health board):

_____ (if more room is needed, please attach separate sheet).

3. Witness Name: _____

Telephone Numbers: _____

Will this person testify voluntarily or will he/she require a subpoena?

_____ will testify voluntarily

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If a subpoena is required, please provide an address where he/she can be served:

This witness can testify about (please be specific about what information the witness will provide to the mental health board):

