

IN THE \_\_\_\_\_ OF \_\_\_\_\_ COUNTY, TENNESSEE

STATE OF TENNESSEE )

vs. )

Docket No. \_\_\_\_\_ )

DEFENDANT )

**AFFIDAVIT REGARDING DEFENDANT'S FAILURE TO COMPLY WITH MANDATORY OUTPATIENT TREATMENT PLAN UNDER T.C.A. §33-7-303(b)**

1. I, \_\_\_\_\_ state that I have personal knowledge of  
(Name of Qualified Mental Health Professional)

\_\_\_\_\_ and his or her condition as of this date.  
(Name of Defendant)

2. I state that:

2.1 the defendant is required to be participating in mandatory outpatient treatment under T.C.A. §33-7-303(b), and

2.2 the defendant is out of compliance with the mandatory outpatient treatment plan.

3. I base my beliefs on the following facts (include the potential for voluntary compliance): \_\_\_\_\_

\_\_\_\_\_  
Signature of Qualified Mental Health Professional

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_(Date)