

PART 6. AFFIDAVIT OF COMPLETION OF TRAINING

Upon completion of the review of this manual, prospective mental health board members shall complete the following Affidavit, have it notarized, and send it to the Division of Behavioral Health. This affidavit shall serve as proof of the completion of this training and is valid for four (4) years from the date on the Affidavit. The Division of Behavioral Health will confirm receipt of the completed Affidavit via a written letter.

Please fill out the following information and include with the Affidavit.

Both items can then be mailed to:

Nebraska Division of Behavioral Health
c/o: Mental Health Board Training Coordinator
PO Box 95026
Lincoln, NE 68509

PLEASE PRINT

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Judicial District(s) Number: _____

Counties of Appointment: _____

Date of Appointment: _____

Identify if this is a New Appointment or Recertification: _____

In re: Interest of Department of Health and)
Human Services (DHHS))
Mental Health Board Training)
Attestation of Compliance)

AFFIDAVIT OF _____

STATE OF NEBRASKA)
) ss.
COUNTY OF _____)

I, _____, being first duly sworn, hereby depose and state as follows:

1. I have read and carefully considered all material contained within the 2022 DHHS Nebraska Mental Health Commitment Act Reference Manual.
2. I understand that commitment orders for inpatient treatment must specify DHHS, not Regional Centers.
3. I understand that orders for medication over objection result from a separate proceeding that is distinct from a commitment proceeding.
4. I understand that with effective treatment, individuals must be released from commitment and have all rights restored.
5. I will conduct myself and all mental health board proceedings consistent with the 2022 DHHS Nebraska Mental Health Commitment Act Reference Manual and the understandings stated herein.

Further Affiant sayeth not.

Dated this _____ day of _____, 20____.

Affiant

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public