

STATE OF SOUTH DAKOTA-DSS
COUNTY BOARD OF MENTAL ILLNESS

AFFIDAVIT

COUNTY OF _____

I, _____, being first duly sworn on oath, depose and say:
(printed name)

That I reviewed the County Board of Mental Illness Training on _____
(date)
offered by the Division of Behavioral Health.

That I am the _____ for the _____ County Board of
(role Chair/Member) (county)
Mental Illness. That in the capacity of a Board Member, Affiant understands the
requirements of S.D.C.L. 27A-7.

Dated the _____ day of _____, _____.
(month) (year)

(signature)

Subscribed and sworn before me this _____ day of _____, _____.
(month) (year)

Notary Public—South Dakota

My commission Expires: _____

(SEAL)