

Chronic Disability Information Exhibit A

“**Chronic disability**” is defined as “a condition evidenced by a reasonable expectation, based on the person’s psychiatric history, that the person is incapable of making an informed medical decision because of a severe mental illness, is unlikely to comply with treatment as shown by a failure to comply with a prescribed course of treatment outside of an inpatient setting on two or more occasions within any continuous twelve month period, and, as a consequence, the person’s current condition is likely to deteriorate until it is probable that the person will be a danger to self or others.” SDCL 27A-1-1(4).

1. I, _____ (please print clearly), believe that _____ has a chronic disability, as defined above.

2. Specifically, this person’s psychiatric history shows that this person is incapable of making an informed medical decision because of a severe mental illness and is unlikely to comply with treatment as shown by a failure to comply with a course of treatment prescribed by _____ (a doctor, board or court), on _____ (date(s) prescribed or ordered), outside of an inpatient setting on two or more occasions within the continuous twelve month period beginning _____ and ending _____, namely on these two or more dates: (1) _____ and (2) _____, + _____ (specify all dates of failure to comply) and, as a consequence, this person’s current condition is likely to deteriorate until it is probable that the person will be a danger to self or others.

3. A summary of the person’s psychiatric history, s mental illness, lack of capacity to make an informed medical decision, previous decompensation or deterioration and probability of dangerousness is as follows:

4. I have read the foregoing Chronic Disability Information Exhibit A and know the contents of it. **I swear or affirm, under penalty of perjury, under the laws of the state of South Dakota that the foregoing is true and correct.**

Executed on this ____ day of _____ (month), _____ (year), in the county of _____ (county name), in the state of South Dakota.

Telephone # **(required)**
[Please use best contact number]

Signature **(required)**

(06-28-12)

Address **(required)**