

### 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:

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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.

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

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Signature (**required**)

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Address (**required**)

(06-28-12)