

IN THE CHANCERY COURT OF COUNTY, MISSISSIPPI

AND

V.

NO.

WAIVER OF HEARING

STATE OF MISSISSIPPI  
COUNTY OF

THIS DAY personally appeared before me, the undersigned Notary Public in and for said county and state, , known to me, who, after having been by me first duly sworn, on oath deposes and says that he/she is the Respondent in the above styled and numbered cause and is currently in treatment at and does hereby enter his/her appearance in this cause and consents to the entry of a final judgment committing him/her to said treatment facility and to , for primary care and extended care, waiving any defects in the premises.

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SWORN TO and subscribed before me, on this, the day of , .

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Notary Public

My Commission Expires:  
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