AFFIDAVIT IN SUPPORT OF PETITION FOR COMMITMENT UNDER G.L. c. 123, § 35	COURT DEPARTMENT	TRIAL COURT OF MASSACHUSETTS

RESPONDENT'S NAME	PETITIONER'S NAME	PETITIONER'S ADDRESS
	PHONE NUMBER	

1. What is your relationship to the Respondent? How often do you see the person? When did you last see the person?

2. Reason for the request for the petition. Please check below if the person is abusing alcohol, substances or both. Describe the frequency of use, and, if substances are involved, what kind.

- ☐ Alcohol Abuse
- ☐ Substance Abuse
- ☐ Both Alcohol and Substance Abuse

3. This person is a danger to self or others for the following reasons (for example, overdose, suicide attempt, hospitalization or criminal activity). Please provide a detailed explanation including dates of events.

4. Does the Respondent have a history of mental health and/or substance abuse commitments or treatment? If yes, please provide a detailed explanation including when, where, and how recent.

5. Provide any other information you feel will assist the Court in deciding whether or not to commit the Respondent.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

X	DATE