AFFIDAVIT IN SUPPORT OF	COURT DEPARTMENT	TRIAL COURT OF		
PETITION FOR COMMITMENT UNDER G.L. c. 123, § 35		MASSACHUSETTS		
RESPONDENT'S NAME	PETITIONER'S NAME	PETITIONER'S ADDRESS		
	PHONE NUMBER			
. What is your relationship to the Respor	ndent? How often do you see t	ne person? When did you last see the person?		
Peason for the request for the netition	Please check below if the per-	son is abusing alcohol, substances or both. Describe the		
frequency of use, and, if substances ar		sorr is abusing alconol, substances or both. Describe the		
Alcohol Abuse				
Substance Abuse				
☐ Both Alcohol and Substance Abuse				
3. This person is a danger to self or others criminal activity). Please provide a deta		example, overdose, suicide attempt, hospitalization or s of events.		
