

**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?

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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

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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.

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