The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Commissioner

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Substance Addiction Recovery Program (SARP)
Discharge Petition Form

Participant Name:		License Number:	
Date of Effective Consent Agreement:			

Are you enrolled in an alternative to discipline program in another state? ☐YES ☐NO

If yes, what is the state and the name of the program you are enrolled in?_____

Please describe your rationale for discharge from SARP. You may attach additional sheets as necessary.

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Please supply letters from your therapist, employment supervisor, sponsor, and other individuals regarding this request. These letters are due within ten (10) days of submission of this petition.

Please complete the statement below:

I,_____, swear under the pains and penalty of perjury that there are no pending actions or obligations, criminal or administrative, against me before any court or administrative body in any other jurisdiction.

_____

Signature Date

Form Revised January 6, 2023