



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

KATHLEEN E. WALSH
Secretary

ROBERT GOLDSTEIN, MD, PhD
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

**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.

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
--------------------	---------------