Lemon-AID
Medical Management

STATEMENT OF ADDICTION

AFFIANT STATEMENT

This statement is made to certify that I have personal knowledge that the individual named below has been addicted to the substance identified for the period stated.

Patient Name	
Substance of Addiction	
Duration of Addiction (years/months)	
My Relationship with the Patient	
Time Known to Affiant (years/months)	

BASIS OF KNOWLEDGE

I know the applicant is addicted because:

ATTESTATION

I swear that the foregoing statement is true and correct to the best of my knowledge.

Printed Name	
Signature	
Date	
Phone Number	
ID Number	
Witness Signature	

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