

*****THIS IS A SAMPLE AND GUIDE ONLY. PLEASE REVISE IT TO INCLUDE ONLY INFORMATION THAT IS RELEVANT TO YOUR SITUATION. FOR EXAMPLE, IF YOU DO NOT HAVE ANY PHYSICAL LIMITATION YOU WOULD NOT INCLUDE NO. 9 IN THE AFFIDAVIT*****

COMMONWEALTH OF MASSACHUSETTS
SEX OFFENDER REGISTRY BOARD

SORB Case No. _____

Petitioner

v.

SEX OFFENDER REGISTRY BOARD,
Respondent

AFFIDAVIT IN SUPPORT OF MOTION FOR RECLASSIFICATION

I, _____, upon knowledge, information and belief, hereby depose and state the following:

1. I was classified as a Level 3 (or 2) sex offender on _____. There is no pending judicial review, appeal or Board review of this final classification.
2. It has been over three years from the date of my final classification as a Level 3 sex offender on _____.
3. There are no pending charges against me and I am not presently incarcerated.
4. I have not committed or been convicted of a sex offense, [*or any other offense,*] since my Classification Hearing on _____. I have been offense free in the community for ____ years. (*since release from incarceration*)
5. I have remained at liberty for more than five continuous years.
6. My risk of reoffense and degree of dangerousness posed to the public has been reduced through new and updated information provided in the documents and letters attached to this affidavit.
7. *I have successfully completed sex offender treatment or am successfully engaged in*

sex offender treatment. See Exhibit A attached to this affidavit. (letters, therapist reports, certificates of completion)

8. *My current home situation is stable and contributes to a lower risk of reoffense. See Exhibit B attached to this affidavit. (letters from family, landlord, friends, proof of payment of rent/bills)*
9. *My physical condition is such that my risk of reoffense is low or negligible. See Exhibit C attached to this affidavit. (medical records, letter from physician)*
10. *Recent psychological and/or psychiatric records indicate that I am at low risk for reoffense. See Exhibit D attached to this affidavit. (psychologist, therapist or psychiatrist records, letters, reports)*
11. *I have successfully abstained from the abuse of alcohol and/or drugs while at liberty. See Exhibit E attached to this affidavit. (Certificates, letters from programs, letters from therapists, group leaders)*
12. *My recent behavior and lifestyle including my home situation, education/employment stability, type of employment and other non-work related activities support my lower risk. See Letters attached as Exhibit F to this affidavit. (Letters from employer, colleagues, professors, teachers, employment records, school records, letters from landlord, rent payment receipts, mortgage payments, letters from family members, letters from clergy, club members or community group)*
13. *An updated victim impact statement supports my lower risk. See Exhibit G attached to this affidavit.*
14. *Any additional new information that supports lowering my classification risk. See Exhibit H attached to this affidavit. (completion of probation, length of time since incarceration with no new offenses, hardship suffered as result of Class 3 or 2 classification)*

Signed under the Pains and Penalties of Perjury this day of , 2007.

Name (Signature of Petitioner)
Address _____
SORB Number _____
Date of Birth _____