



REPUBLIC OF THE PHILIPPINES
OFFICE OF THE PRESIDENT

DANGEROUS DRUGS BOARD

Annex "B"

THE HONORABLE
Undersecretary EARL P. SAAVEDRA, CESO I
Executive Director V
Dangerous Drugs Board
3rd Flr., DDB-PDEA Bldg., NIA Northsite
Road, National Govt. Center, Brgy., Pinyahan,
Quezon City

**SUBJECT: APPLICATION FOR VOLUNTARY CONFINEMENT FOR
TREATMENT AND REHABILITATION THRU REPRESENTATION**

SIR:

I am _____, of legal age, Filipino and
(Name of applicant-representative)
resident of _____,
(Complete address)
and _____ of _____,
(relation to drug dependent) (name of drug dependent)
_____ years old and resident of _____.

The said _____ is a victim of drug abuse,
using _____, and, for and in his/her behalf, I wish to
(kind of drug/s used)
voluntarily submit him/her for confinement for treatment and rehabilitation at the

(name and address of drug treatment and rehabilitation center)

_____ ,
pursuant to Section 54, R. A. 9165, otherwise known, as The Comprehensive
Dangerous Drugs Act of 2002 and Dangerous Drugs Board Regulation No. 3, S. 2007.
This is his / her _____ time to apply for voluntary confinement, either personally
(no. of times)
or thru representation.

For the Board's favorable consideration.

*Name and Signature of Applicant-
Representative*

Conforme:

Name and Signature of Drug Dependent

VERIFICATION

I, _____, of legal age, Filipino, and with residence and postal address at _____, after having been duly sworn to in accordance with law, hereby depose and state:

- 1. That I am the applicant for the voluntary confinement for treatment and rehabilitation of _____, under Section 54, RA 9165, otherwise known as *The Comprehensive Dangerous Drugs Act of 2002 and Board Regulation No. 3, Series of 2007*;
- 2. That I have read and fully understood the contents of the application, finding them true and correct according to my own knowledge, information and belief.

Name and Signature of Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____, 2023 in _____, affiant exhibited to me his/her CTC with No _____ issued at _____ on _____.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of 2023

APPROVED / DISAPPROVED:

Duly Authorized DDB Representative