

COMMONWEALTH OF MASSACHUSETTS

Custodian of Records

OPTIONAL AFFIDAVIT / CERTIFICATION

Case: _____

Court / Division: _____ Docket No.: _____

Organization Whose Records Are Produced: _____

Custodian / Qualified Person: _____ Title / Capacity: _____

Subpoena Date: _____ Production Date: _____

IDENTIFICATION OF THIS PRODUCTION

I am the custodian of these records or another person qualified to describe how they are maintained. I am familiar with the organization's recordkeeping practices. The records identified above are true and complete copies of the records they reproduce, except as specifically explained below.

OPTIONAL BUSINESS-RECORDS FOUNDATION (CHECK ONLY IF TRUE)

☐ The following additional statement applies to the records identified above:

The records were made in good faith in the regular course of business, before this action began. It was the regular course of that business to make these records at the time of the recorded act, transaction, occurrence or event, or within a reasonable time afterward.

EXCEPTIONS / REDACTIONS / LIMITATIONS, IF ANY

Custodian Signature: _____ Date: _____

JURAT (FOR AN AFFIDAVIT EXECUTED IN MASSACHUSETTS)

Commonwealth of Massachusetts County: _____ ss.

On this _____ day of _____, 20____, before me, the undersigned notary public,
_____ personally appeared, proved to me through satisfactory
evidence of identification, which were _____, to be the person who signed
the preceding document in my presence and who swore or affirmed that its contents are truthful and accurate
to the best of their knowledge and belief.

Notary Signature: _____

Printed Name: _____

Official Notarial Seal

Commission Expiration: _____

Optional discovery certification; not a substitute for separate court-production procedures under G.L. c. 233, sections 79 or 79J.