PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM

If you would like a copy of your own Massachusetts criminal record, complete this form, sign it in front of a notary public, and mail it, along with a check or money order made payable to the Commonwealth of Massachusetts in the amount of $25.00 pursuant to M.G.L. c.6, §172A and a self-addressed stamped envelope to this agency. Walk-in service is not available. If you are incarcerated and a notary public is not available, have an official of the correctional facility endorse same. This agency’s mailing address is: the Department of Criminal Justice Information Services, 200 Arlington Street, Suite 2200, Chelsea, MA 02150
ATTN: CORI Unit.

Please be advised that it is unlawful to request or require a person to provide a copy of his criminal offender record information, except as authorized by the Criminal History Systems Board, as per M.G.L. c. 6 §172.

______________________________________________________________ ________________________________________
Mailing address       Town    State      Zip code

I hereby swear, under the penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

___________________________   ________________________________________________
Signature of requestor              Date

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC OR CORRECTIONAL FACILITY

_______________, SS.

The above-named ________________________________ appeared before me, the undersigned authority, this ___________ day of __________________, 200____ and acknowledge the foregoing signature to be made of his or her own true free act and deed.

___________________________   ________________________________________________
Notary public                  Correctional Facility Official (give rank and title)

__________________________   ________________________________________________
My commission expires         Correctional Facility Address and Phone
AFFIDAVIT OF INDIGENCY

Submitted with Personal Criminal Record Request

Name of applicant: ______________________________________________________________

Address: _______________________________________________________________________

(Street and number)                     (City or town)                (State and Zip)

Following the scheme of General Laws c. 261, §§ 27A et seq., applicant swears (or affirms) as follows:

[Check only one.]

1. Applicant is indigent in that he/she is a person:

   ______ (a) who receives public assistance under Massachusetts Transitional Aid to Families with Dependent Children (TAFDC), Massachusetts Emergency Aid to Elderly, Disabled, and Children (EAEDC), Federal Supplement Security Income (SSI), Massachusetts MassHealth (formerly Medicaid), or Massachusetts Veterans' Benefits; or

   ______ (b) whose income, less taxes deducted from his/her pay is ______________ per week/month/year (circle period that applies), for a household of ________ persons, consisting of myself and ________ dependents; which income is at or below 125% or less of the current poverty threshold annually published in the Federal Register by the U.S. Department of Health and Human Services; [List any other available household income for the circled period on this line: ________] or

   ______ (c) who is unable to pay the fees and costs without depriving himself or his dependents of the necessities of life, including food, shelter and clothing.

IF YOU CHECKED (c), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

2. Applicant requests that the following fee be waived:

   $25 fee for personal CORI request

Signed under the penalties of perjury:

Signature of applicant: ____________________________________________________________

Date: __________________

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED CRIMINAL HISTORY SYSTEMS BOARD PERSONNEL.

1This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.
SUPPLEMENT TO AFFIDAVIT OF INDIGENCY
Submitted with Personal Criminal Record Request

Name of applicant: ________________________________________________________________
Address: ______________________________________________________________________
      (Street and number)                 (City or town)                 (State and Zip)

Under the provisions of General Laws c. 261, §§ 27A-G, the applicant swears (or affirms) as follows:

1. PERSONAL INFORMATION

(a) Date of birth: ________________________________________________________________
(b) Highest grade attained in school: ______________________________________________
(c) Special training: _____________________________________________________________
(d) List any physical or mental disabilities: _________________________________________
(e) Number of dependents: _______________________________________________________

2. INCOME AFTER TAXES (monthly)

Gross monthly income: $______________________________

(a) If from employment, list your occupation and your employer’s name and address:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(b) Source of income, if not from employment:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

(c ) My gross annual income for the past twelve months was: $_____________________

_____ 2This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.
(d) Gross Income (monthly): $_______________________

(e) Taxes Deductions (monthly)

Federal Tax: $_______________________
State Tax: $_______________________
Social Security: $_______________________
Health Insurance: $_______________________
Medicare: $_______________________
Pension: $_______________________
Other: $_______________________

Total Deductions (monthly):
$_______________________________________________________________________

(f) Net Income (monthly) (gross income minus total deductions): $_______________________

(g) If applicant’s spouse or any other member of applicant’s household is employed, list occupation and name and address of his/her employer and monthly income after taxes:
________________________________________________________________________________________

3. NET INCOME (monthly):

(a) Income After Taxes (from Line 2(f)):

(b) Expenses (monthly):

Rent or Mortgage: $_______________________
Food: $_______________________
Clothing: $_______________________

Utilities (electricity, gas, oil, water, telephone) $_______________________

Health Insurance $_______________________
Uninsured Medical Expenses $_______________________
Child Care: $_______________________
Education Expenses for Children $_______________________

Other Expenses (i.e. transportation, laundry, car insurance, etc.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Total Expenses (monthly): $_______________________________________________________________________

(c) Net Income Minus Taxes and Expenses (monthly): $_______________________
4. ASSETS

(a) Own home? ________________________         Market value: $____________________________
Balance owed $_______________________

(b) Own car? ___________________________       Year and Make: _______________________
Market value: $_______________                    Balance owed:$____________________________

(c) Bank Accounts (specify type and balance)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

(d) Other property including real estate (specify type and value)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

5. DEBTS

(a)
Specify:___________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

6. MISCELLANEOUS

(a) Other facts that may be relevant to applicant’s ability to pay fees and costs?

Signed under the penalties of perjury:

Signature of applicant: _____________________________________________________
Typed/Printed name of applicant: _____________________________________________
Date: ______________

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED DEPARTMENT OF CRIMINAL JUSTICE INFORMATION SERVICES PERSONNEL.