

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 Criminal History Systems Board, 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.

Last name	First name	Middle name	

Maiden name	Alias	ID Index Number (if applicable, not required)	

Date of birth (MM/DD/YY)	Social Security Number (requested but not required)		

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 INDIGENCY¹
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 by the Criminal History Systems Board:

\$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 INDIGENCY²
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: _____

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