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.

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Middle name</th>
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</thead>
<tbody>
<tr>
<td>Maiden name</td>
<td>Alias</td>
<td>ID Index Number</td>
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<tr>
<td></td>
<td></td>
<td>(if applicable, not required)</td>
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<tr>
<td>Date of birth (MM/DD/YY)</td>
<td>Social Security Number</td>
<td></td>
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<tr>
<td></td>
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<td>(requested but not required)</td>
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<tr>
<td>Mailing address</td>
<td>Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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 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.
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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