

PERSONAL MASSACHUSETTS JUVENILE COURT ACTIVITY RECORD INFORMATION REQUEST FORM

(OFFENSES PRIOR TO YOUR SEVENTEENTH BIRTHDAY)

If you would like a copy of your Massachusetts Juvenile Court Activity Record, complete this form, sign it and mail, along with a self addressed stamped envelope to:

**OFFICE OF THE COMMISSIONER OF PROBATION
ONE ASHBURTON PLACE, ROOM 405
BOSTON, MA 02108-1612**

ATTN: JUVENILE RECORDS

INFORMATION REQUIRED:

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Social Security Number _____

Mother's First, Maiden & Last Name _____

Father's Full Name _____

Signature _____ Date _____