## 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.

Last name	First name	Middle nam	e
Maiden name	Alias	ID Index Number (if applicable, not re	equired)
Date of birth (MM/DD/YY)  Social Security Nur (requested but not			
Mailing address	Town	State	Zip code
I hereby swear, under the penal of my knowledge and belief.  Signature of requestor	ties of perjury, that the inf	formation I have provided a	above is true, and to the best
<u>AUTHENTIC</u> , SS.	CATION OF SIGNATURE BY FACII	NOTARY PUBLIC OR CORRE LITY	<u>CCTIONAL</u>
The above-named day authority, this day the foregoing signature to be made	of	_, 200 and acknowled	gned ge
Notary public	Correctional Facil	ity Official (give rank and ti	tle)
My commission expires	Correctional Facility Address and Phone		

## AFFIDAVIT OF INDIGENCY

## Submitted with Personal Criminal Record Request

ddress:(Street and number)	(City or town)	(State and Zip)
,	•	•
Following the scheme of General	Laws c. 261, §§ 27A et seq., app	plicant swears (or affirms) as follows:
	[Check only one.]	
. Applicant is indigent in that he/she is	a person:	
Dependent Children (TA (EAEDC), Federal Supp	AFDC), Massachusetts Emergeno	Transitional Aid to Families with acy Aid to Elderly, Disabled, and Childr Massachusetts MassHealth (formerly
week/month/year (circle of myself and poverty threshold annua	dependents; which income is lly published in the Federal Reg lth and Human Services; [List and	ehold of persons, consisting at or below 125% or less of the current
	the fees and costs without depriding food, shelter and clothing.	iving himself or his dependents of the
F YOU CHECKED (c), YOU MUST A NDIGENCY.	LSO COMPLETE THE SUPPL	LEMENT TO THE AFFIDAVIT OF
. Applicant requests that the following	fee be waived:	
\$25 fee for personal CORI req	uest_	
Signed under the penalties of perjury	y:	
Signature of applicant:		
Date:		

<sup>1</sup>This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

PARTY OTHER THAN AUTHORIZED CRIMINAL HISTORY SYSTEMS BOARD PERSONNEL.

## **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	t 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 disabiliti	es:	
(e) Number of dependents:		
2. INCOME AFTER TAXES (month)	(y)	
Gross monthly income: \$		
(a) If from employment, list your occupa	ation and your employer's nam	
(b) Source of income, if not from emplo	yment:	
(c) My gross annual income for the pas	t twelve months was: \$	

<sup>&</sup>lt;sup>2</sup> This 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):	
\$	
	nus total deductions): \$
(g) If applicant's spouse or any other memb	er of applicant's household is employed, list occupation and name
and address of his/her employer and monthl	y income after taxes:
3. NET INCOME (monthly):	
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3. NET INCOME (monthly):  (a) Income After Taxes (from Line 2(f)):  (b) Expenses (monthly):  Rent or Mortgage: \$	Food: \$
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3. NET INCOME (monthly):  (a) Income After Taxes (from Line 2(f)):  (b) Expenses (monthly):  Rent or Mortgage: \$	Food: \$ ne) \$ Uninsured Medical Expenses \$
3. NET INCOME (monthly):  (a) Income After Taxes (from Line 2(f)):  (b) Expenses (monthly):  Rent or Mortgage: \$	Food: \$ ne) \$ Uninsured Medical Expenses \$ Education Expenses for Children \$
3. NET INCOME (monthly):  (a) Income After Taxes (from Line 2(f)):  (b) Expenses (monthly):  Rent or Mortgage: \$	Food: \$ ne) \$ Uninsured Medical Expenses \$ Education Expenses for Children \$ , car insurance, etc.)
3. NET INCOME (monthly):  (a) Income After Taxes (from Line 2(f)):  (b) Expenses (monthly):  Rent or Mortgage: \$	Food: \$ ne) \$ Uninsured Medical Expenses \$ Education Expenses for Children \$ , car insurance, etc.)

<b>4. ASS</b>	ETS	
(a) Ow	n home?	Market value: \$
Balanc	e owed \$	
(b) Ow	n car?	Year and Make:
Marke	t value: \$	Balance owed:\$
(c) Bar	nk Accounts (specify type and balance)	
(d) Oth	ner property including real estate (specify type	and value)
5. DEE		
	Specify:	
	SCELLANEOUS ner facts that may be relevant to applicant's abi	lity 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.