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	N	fiddle name
Maiden name	Alias		
Date of birth (MM/DD/YY)			ocial Security Number equested but not required)
Mailing address	Town	State	Zip code
I hereby swear, under the pain provided above is true, and to			
Signature of requestor	Da	te	
AUTHENTICATION OF S	SIGNATURE BY N FACILI		LIC OR CORRECTIONAL
,SS.			
The above-named authority, this the foregoing signature to be re-	day of	, 20	0 and acknowledge
Notary public	Corrections	al Facility Office	rial (give rank and title)
My commission expires	 Correction	al Facility Add	ress and Phone

PERSONAL CRIMINAL RECORD REQUESTS & THIRD PARTY CRIMINAL RECORD REQUESTS

Beginning July 1, 2003, the Criminal History Systems Board shall assess a fee in the amount of \$25.00 per request for a personal criminal record request or a third party authorization request (from attorneys and advocates) as required by M.G.L. c. 6, § 172A. A fee shall not be imposed if an individual is determined to be indigent as defined by DOC regulation 103 CMR 157.06 as to inmates and as defined by section 27A of M.G.L. c. 261 as to all others. In order to be considered for a waiver of the \$25.00 fee, kindly review the following provisions:

- 1. For Inmates: Please provide a copy of all accounts for the past sixty days. As a substitute for a copy of your inmate account(s), you may send a statement signed by a correctional facility official, to the effect that the total amount in your inmate account(s) for the past sixty days is \$35.00 or less.
- 2. For individuals receiving state or federal benefits: Please submit an affidavit that you are currently indigent as defined at G.L. c. 261, § 27A. You are eligible if you are an individual:
 - (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; or
1 7 7 1

(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.

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 Gener follows:	ral Laws c. 261, §§ 27A et seq., applicant	swears (or affirms) as
	[Check only one.]	
1. Applicant is indigent in	that he/she is a person:	
Families with I Elderly, Disable	res public assistance under Massachusetts Dependent Children (TAFDC), Massachus ed, and Children (EAEDC), Federal Suppl ausetts MassHealth (formerly Medicaid), of efits; or	setts Emergency Aid to lement Security Income
per week/montl I income is at or published in the	me, less taxes deducted from his/her pay in h/year (circle period that applies), for a hopersons, consisting of myself and below 125% or less of the current poverty a Federal Register by the U.S. Department any other available household income for a] or	ousehold of dependents; which threshold annually t of Health and Human
, ,	ble to pay the fees and costs without depri he necessities of life, including food, shelte	•
IF YOU CHECKED (c), YOU AFFIDAVIT OF INDIGENCY	MUST ALSO COMPLETE THE <u>SUPP</u>	PLEMENT TO THE
2. Applicant requests that Board:	the following fee be waived by the Crimin	nal History Systems
\$25 fee for personal	CORI request	
Signed under the penalties of	of perjury:	
Signature of applicant:		
Date:		

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

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

Supplement to Affidavit of Indigency²
Submitted with Personal Criminal Record Request

Nar	ne o	of applicant:	
	dres:	(Street and number) (City or town) (Exp.)	(State
Uno	ler tl	the provisions of General Laws c. 261, §§ 27A-G, the applicant swears (or affirms) as fo	ollows:
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)	
Gro	ss n	monthly income: \$	
(a)	If f	from employment, list your occupation and your employer's name and address:	
(b)	Sou	urce of income, if not from employment:	_
	-	gross annual income for the past twelve months was: \$ss Income (monthly):	-

²This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

	\$		
(e)	Taxes Deductions (monthly)		
(-)	Federal Tax: \$	State Tax: \$	
	Social Security: \$		
	Medicare: \$		
	\$		
	Total Deductions (monthly):		
	\$		
(f)	Net Income (monthly) (gross income min	us 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	d monthly income after taxes:	
3.	NET INCOME (monthly):		
	Income After Taxes (from Line 2(f)):		
	Expenses (monthly):		
` ′	Rent or Mortgage: \$	Food: \$	
	Clothing: \$		
	Utilities (electricity, gas, oil, water, teleph		
	Health Insurance \$		
	Child Care: \$		
	Other Expenses (i.e. transportation, laund	ry, car insurance, etc.)	
	Total Expenses (monthly): \$		
	(c) Net Income Minus Taxes and Expens	es (monthly): \$	
4.	ASSETS		
(a)		Market value: \$	
	Balance owed \$		
(b)	Own car?	Year and Make:	
	Market value: \$	Balance owed:	

	Bank Accounts (specify type and balance)
	Other property including real estate (specify type and value)
	DEBTS
	Specify:
	MISCELLANEOUS
	Other facts that may be relevant to applicant's ability to pay fees and costs?
.1	nder the penalties of perjury:
	Signature of applicant:
	Typed/Printed name of applicant:
	Date:

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