

**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.**

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Last name	First name	Middle name
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Maiden name	Alias
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Date of birth (MM/DD/YY)	Social Security Number (requested but not required)
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Mailing address	Town	State	Zip code
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I hereby swear, under the pains and penalties of perjury, that the information I have provided above is true, and to the best of my knowledge and belief.

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Signature of requestor	Date
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**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.

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Notary public	Correctional Facility Official (give rank and title)
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My commission expires	Correctional Facility Address and Phone
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**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**
  
  - (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 INDIGENCY**<sup>1</sup>  
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: \_\_\_\_\_

<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.

**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 Indigency<sup>2</sup>**  
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: \$ \_\_\_\_\_

(d) Gross Income (monthly):

\_\_\_\_\_

<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.

\$ \_\_\_\_\_

(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: \_\_\_\_\_

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