



## Sealing Packet

Please complete and sign all fields of the packet. If you have any questions, please email [safetynetproject@law.harvard.edu](mailto:safetynetproject@law.harvard.edu), or call 617-390-2524



**LEGAL SERVICES CENTER OF HARVARD LAW SCHOOL**  
**CENTRO DE SERVICIOS LEGALES**  
 Criminal Offender Record Information (CORI) Sealing Workshop

**CLIENT INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Probation Central File (PCF) Number(s) (if known): \_\_\_\_\_

Last **SIX** Digits of Social Security Number: \_\_\_\_\_ - \_\_\_\_\_  No Social Security Number

Massachusetts ID Number: \_\_\_\_\_  Mass ID **OR**  Mass Driver's License

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

In order to access your CORI, The Massachusetts department of Criminal Justice Information Services charges a \$25 fee. For this purpose, please make out a \$25 check to the Legal Services Center of Harvard Law School **OR** if you are unable to pay the fee, please complete the Affidavit of Indigency (page \_\_) to confirm that you receive some form of public assistance. Please check one below:

- I have my own CORI copy
- I will write a \$25 check payable to Legal Services Center of Harvard Law School
- I cannot pay the \$25 fee, **AND** I receive assistance from
  - Medicaid / MassHealth
  - Massachusetts Transitional Aid to Families with Dependent Children (TAFDC)
  - Federal Supplemental Security Income (SSI)
  - Emergency Aid to Elderly, Disabled and Children (EAEDC)
  - Massachusetts Veterans' Programs
  - Other: \_\_\_\_\_



**THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY  
Department of Criminal Justice Information Services**  
200 Arlington Street, Suite 2200, Chelsea, MA 02150  
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973  
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)  
Advocate or Designated Representative Request Form**

Use this form for requesting CORI under the provisions of M.G.L. c. 6, § 172. An advocate and/or designated representative may submit this form for the purpose of requesting Criminal Offender Record Information (CORI) on behalf of a client. The client must sign this form in order to demonstrate that he or she is providing the advocate or designated representative with permission to access the CORI. This signature must also be authenticated by a notary public.

A money order or bank issued Cashier's or Treasurer's check in the amount of **\$25.00 made out to the Commonwealth of Massachusetts** must be submitted with this form. Please note that these are the only acceptable forms of payment. **Do not send cash, personal checks, or business checks.**

Requests must be mailed, along with the accompanying payment or indigency waiver, to the address provided above, **ATTN: CORI Unit.**

**REQUEST INFORMATION**

\* Is the subject of this CORI request indigent?  Yes  No

Please note: You will need to submit an indigency waiver if the subject is indigent. The indigency waiver form can be found at <http://www.mass.gov/eopss/docs/chsb/affidavit-of-indigency.pdf>.

**REQUESTOR INFORMATION**

Please complete this section using the information of the person submitting this request. The fields marked with an asterisk (\*) are required fields.

\* I am submitting this request as a(n):  Advocate  Designated Representative

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

\* Last **SIX** digits of your Social Security Number: \_\_\_\_ -- \_\_\_\_  I do not have a Social Security Number

\* Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mailing Address**

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**If you are submitting this request on behalf of an organization, please complete the sections below.**

\* Organization Name: \_\_\_\_\_

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_



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**SUBJECT INFORMATION**

Please complete this section using the information of the person whose CORI you are requesting.  
The fields marked with an asterisk (\*) are required fields.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc.): \_\_\_\_\_

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Probation Central File (PCF) Number(s) (if known): \_\_\_\_\_

\* Last **SIX** digits of Social Security Number: \_\_\_\_ -- \_\_\_\_  No Social Security Number

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_



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**AUTHORIZATION OF PERSON NAMED IN THE CRIMINAL RECORD**

I, \_\_\_\_\_, authorize \_\_\_\_\_ to  
 (Subject of CORI Request) (Name of Requestor)  
 access all my available Criminal Offender Record Information (CORI) from the Massachusetts Department of Criminal Justice Information Services (DCJIS). I authorize this disclosure to the above named advocate or designated representative for the sole purpose of assisting me with interpreting the CORI for my own personal use. I understand that it is unlawful for an individual to require me to provide my own CORI and the CORI results are voluntarily being provided to the above named advocate or designated representative at my request.

\_\_\_\_\_  
*Signature of Individual Authorizing CORI Request*

\_\_\_\_\_  
*Date*

**Authentication of Signature**

Please note that ALL fields in this section must be completed by the Notary Public.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of CORI subject) and proved to me through satisfactory evidence of identification, which was \_\_\_\_\_ (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
*Signature of Notary Public (Notary stamp or seal is also required)*

\_\_\_\_\_  
*Date my Commission expires*





**Affidavit of Indigency  
(To Be Submitted with Personal Request Form)**

You or your client (if you are submitting a personal CORI request on behalf of a client), may be eligible for a waiver of CORI request fee. In order to apply, please complete this affidavit of indigency. Please note, you must select the option below that most closely describes you or your client's financial status.

**Requestor Details**  
Please type or print clearly. Items marked with an asterisk (\*) MUST be completed.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 \* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc): \_\_\_\_\_  
 \* Street Address: \_\_\_\_\_  
 Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

**Indigency Details**

\*Pursuant to M.G.L. c. 6, §172A, I swear (or affirm) as follows: I AM INDIGENT in that: (select "yes" to at least one option)

1. Do you receive public assistance?  
 Yes  No  
 If yes, select the programs you receive assistance from:  
 Massachusetts Transitional Aid to Families with Dependent Children (TAFDC)  
 Federal Supplement Security Income (SSI)  
 Emergency Aid to Elderly, Disabled and Children (EAEDC)  
 Medicaid (MassHealth)  
 Massachusetts Veterans' Programs
2. Is your income 125% or less of the current poverty threshold published in the Federal Register by the U.S. Department of Health and Human Services?  
 Yes  No
3. Can you pay the CORI fee without depriving yourself or your dependents of the necessities of life?  
 Yes  No  
 If yes, you must complete these boxes:  
 Gross Monthly Income: \_\_\_\_\_ Gross Income for the Past Twelve Months: \_\_\_\_\_  
 If employed, please list your occupation and employer's name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If unemployed, please list your source of income: \_\_\_\_\_
4. Are you currently incarcerated?  
 Yes  No

I request that the Department of Criminal Justice Information Services waive the fee for a Personal Criminal Record Information (CORI) request under penalty of perjury.

\_\_\_\_\_  
Signature of Individual Making CORI Request

\_\_\_\_\_  
Date

**PETITION TO SEAL**

**TO: Commissioner of Probation, One Ashburton Place, Room 405, Boston, MA 02108**

**SELECT appropriate box(es). If 1, 2, or 3 are selected you must sign the corresponding numbered Affidavit below.**

**PART A  
1 - 4**

- 1
- 2
- 3
- 4

**Section 100B - Chapter 276.** Delinquency (juvenile) cases, all sentence elements of which, and of any subsequent court appearances, were completed 3 years prior to this request.

**Section 100A - Chapter 276.** Misdemeanor cases, all sentence elements of which, and of any subsequent court appearances, were completed 3 years prior to this request (or, which was a felony when committed, and is presently a misdemeanor).

**Section 100A - Chapter 276.** Felony cases, all sentence elements of which, and of any subsequent court appearances, were completed 7 years prior to this request. For eligible sex offenses 15 years prior to this request.

**Section 100A - Chapter 276.** Recorded offense which is no longer a crime, except where the elements of the offense continue to be a crime under a different designation.

Print \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last Name First Name Middle Name

Alias/Maiden/Previous Name \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Social Security # \_\_\_\_\_ Place of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Husband/Wife's Name \_\_\_\_\_

Petitioner's Signature \_\_\_\_\_

*In accord with the provision of Chapter 276, Sections 100A, and 100B, as established by Chapter 686 of the Acts of 1971, Chapter 404 of the Acts of 1972, Chapter 322 of the Acts of 1973 and Chapter 256 of the Acts of 2010, respectively, I hereby request that my record of adult criminal and/or juvenile Massachusetts court appearances and dispositions be sealed forthwith.*

To the best of my knowledge:

- 1.  a) My delinquency court appearances or dispositions including court supervision, probation, commitment or parole, the records for which are to be sealed, terminated not less than three years prior to said request; b) I have not been adjudicated delinquent or found guilty of any criminal offense within the commonwealth in the three years preceding such request, except motor vehicle offenses in which the penalty does not exceed a fine of fifty dollars nor been imprisoned under sentence or committed as a delinquent within the preceding three years; and c) I have not been adjudicated delinquent or found guilty of any criminal offenses in any other state, United States possession or in a court of federal jurisdiction, except such motor vehicle offenses as aforesaid, and have not been imprisoned under sentence or committed as a delinquent in any state or county within the preceding three years.

Signed under penalties of perjury,

2.  \_\_\_\_\_  
Signature of Petitioner

To the best of my knowledge:

- 3.  a) All of my court appearance and court disposition records, including any period of incarceration or custody for any misdemeanor occurred not less than three years prior to this request; b) that my court appearance and court disposition records, including any period of incarceration or custody for any felony occurred not less than seven years prior to this request; c) that I have not been found guilty of any criminal offense within the commonwealth in the case of a misdemeanor, three years before such request, and in the case of a felony, seven years before such request, except motor vehicle offenses in which the penalty does not exceed a fine of fifty dollars; d) I have not been convicted of any criminal offense in any other state, United States possession or in a court of federal jurisdiction, except such motor vehicle offenses as aforesaid, and have not been imprisoned in any state or county in the case of a misdemeanor within the preceding three years and in the case of a felony the preceding seven years; and e) my record does not include convictions of offenses other than those to which the section applies, or convictions for violations of sections 121 to 131H, inclusive, of chapter 140 or for violations of chapter 268 or chapter 268A, except for convictions for resisting arrest.

Signed under penalties of perjury,

\_\_\_\_\_  
Signature of Petitioner

**PETITIONER NOT TO WRITE BELOW THIS LINE**

Petition Allowed/Disallowed	01	02	03	04
Allowed (Copy to Clerk and Probation Office)				
Reason for Disallowance (Copy to petitioner only)				



**LEGAL SERVICES CENTER**  
**CENTRO DE SERVICIOS LEGALES**  
The Legal Services Center  
122 Boylston Street  
Jamaica Plain, Massachusetts 02130  
(617) 522-3003  
FAX: (617) 522-0715

**CORI WORKSHOP INTAKE RETAINER FOR LIMITED ASSISTANCE ONLY**

I, \_\_\_\_\_, hereby retain  
\_\_\_\_\_ and her/his/their associates at the  
Legal Services Center (LSC) to **provide advice and limited assistance only** in connection  
with the following legal matter(s):

- (a) Massachusetts Criminal Offender Record Information sealing

I understand that the Legal Services Center has not agreed to enter an appearance in my  
behalf in any court case or administrative proceeding.

**FUTURE REPRESENTATION**

If there is a question in the future about a new legal problem, I understand that LSC is not  
required to provide me with advice or assistance regarding the new issue. If LSC cannot  
provide me with advice or assistance about my new legal issue, LSC may provide me with  
referrals to other sources of assistance.

**FEES AND COSTS**

I will pay no attorney's fees to LSC for any advice or brief assistance provided regarding the  
above- referenced issue(s.) However, it may be necessary for me to pay or to reimburse  
LSC for filing, service and/or other costs and fees connected with my matter.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Legal Services Center Advocate

Date: \_\_\_\_\_

Date: \_\_\_\_\_



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**ADVOCATE CHECKLIST**  
To be completed by advocate

**Date:**

**Advocate:**

**Event/ Location:**

Completed Intake Packet  
Date:

Photocopy of ID

Payment OR Affidavit of Indigency

Conflict Check

Entered into TM

Client CORI  
Date Requested:                      Date Received:

Petition to Seal submitted

Result:

**NOTES:**