
CORI SEALING PACKET



Legal Services Center of Harvard
Law School
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ABOUT CORI SEALING



What is a CORI?


CORI = Criminal Offender Record Information

- Contains all of one's unsealed conviction and non-conviction data -- available to the public to varying degrees

How to Request your CORI:

- If you have a valid Massachusetts Driver's License, you may request your CORI online on mass.gov (iCORI)
- If you do not, you must send a CORI request in the mail

Can I Hide/Seal My Record?

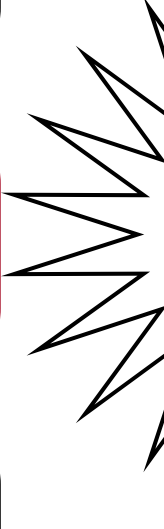


Convictions: yes **IF**, it has been 3 years since your last misdemeanor conviction, 7 years since your last felony conviction, you have no open cases/warrants, and you are not a level 2 or 3 sex offender you can use the petition to seal.

Non-convictions: yes, you can seal non-convictions at any time. If the waiting periods listed above have not passed, you must go into court to seal. If the periods have passed, you can seal using the petition to seal.

Can I Clear/Expunge My Record?

Yes, MAYBE: if you meet all of the sealing requirements **AND** you have either A) committed no more than 2 offenses before 21 OR B) your offenses are no longer considered a crime (ex: possession of <2oz of marijuana)



How to Seal

You can mail in a petition to seal any conviction/non-conviction that has passed the waiting period. If you have non-convictions that have not passed the period, you must appear in court to seal.

LSC CONTACT INFORMATION

**For more information
about CORI sealing + the
LSC visit our website:**



**Or call us at
+1 (617) 384-0701**

**For more information
about CORI requests
+ necessary sealing
forms visit mass.gov:**



Other Resources

**Greater Boston Legal
Services**



**CORI Friendly
Employers**



**Mass Legal
Help**





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

