



## 2. What will happen next?

- ❖ You'll attend our Clinic Day, which takes place from 4:00 PM to 6:00 PM on the third Tuesday of every month, for a one-on-one meeting with an LSC volunteer. We will discuss how to petition to seal your record.

## 3. What if I have questions?

- ❖ Here are the answers to some frequently asked questions:
  - What does it mean to get a criminal record sealed?
    - After your criminal record is sealed, most employers, landlords, and others will not be able to see it. You can say "I have no record" if asked when applying for a job. It does not get rid of your records, however.
  - How long do I have to wait before I can seal my criminal record?
    - It depends. The waiting period is 3 years for a misdemeanor and 7 years for a felony, but there are exceptions for abuse and sex offenses.
    - If you were found guilty, the waiting period begins from the date you were found guilty **OR** the date you were released from jail or prison—whichever is later.
    - If you were not found guilty, the waiting period by mail begins after your case was dismissed. There is no waiting period to seal a dismissed case or a first time drug possession conviction by appearing in court before a judge.
  - What if I am not a citizen?
    - You need to consult with an immigration lawyer before sealing your records. An immigration case may require certified copies of your record that will be more difficult to retrieve if sealed.
  - Will my juvenile record appear on my CORI?
    - Your juvenile record is much more protected than an adult criminal record. A Juvenile Court case is only part of CORI if the case was transferred to Superior Court to prosecute you as an adult.
- ❖ Here are additional resources:
  - Greater Boston Legal Services (617-371-1234)
  - Legal Advocacy and Resource Center Hotline (617-603-1700)
  - Project Place: Employment, Job Training, and Resource Services (617-542-3740 ext: 273)
  - Out For Good, Inc. (617-980-8835)



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  
MASS.GOV/CJIS



## Criminal Offender Record Information (CORI) Personal Request Form

If you have a valid Massachusetts I.D. or driver's license, you may submit your CORI request online at [Mass.gov/CJIS](https://www.mass.gov/CJIS). This form is only to be used to request **your own personal CORI information**. In Massachusetts, it is illegal for an employer or any other entity to require someone to provide a copy of his/her personal CORI.

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.** This form, along with payment or indigency waiver, must be mailed to the address above, **Attn: CORI Unit**.

### REQUEST INFORMATION

\* Are you submitting an indigency waiver? ☐ Yes ☐ No

Please note: You will need to submit an indigency waiver if you are indigent. The indigency waiver form can be found at [https://www.mass.gov/files/documents/2017/09/19/affidavit-of-indigency\\_0.pdf](https://www.mass.gov/files/documents/2017/09/19/affidavit-of-indigency_0.pdf)

### 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): \_\_\_\_\_

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

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

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_

☐ Please check this box if you would **ALSO** like to request your personal CORI with your former last name(s):

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

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

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

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

### Mailing Address

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

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

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

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

**\*\*\*PLEASE NOTE: If you are requesting your CORI for immigration purposes, and you have additional paperwork regarding the names requested, please attach a copy of the paperwork to this form.\*\*\***



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  
MASS.GOV/CJIS



**Personal CORI Request Authorization**

I hereby swear, under penalties of perjury, that the information I have provided above is true to the best of my knowledge and belief.

\_\_\_\_\_  
*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. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of CORI requestor) 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*

**Correctional Facility Information**

If you are currently incarcerated, a correctional facility official MUST complete the following section.

\_\_\_\_\_  
*Name and rank of Correctional Facility Official (Please print.)*

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

\_\_\_\_\_  
*Address of Correctional Facility*

\_\_\_\_\_  
*Signature of Correctional Facility Official*

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

## Terms and Conditions

By submitting a request for CORI using this form, the Requestor agrees to be bound by these terms and conditions and any and all other guidelines, disclaimers, rules, and privacy statements within this agreement, collectively referred to as "Terms and Conditions." All Terms and Conditions contained herein apply only to obtaining information from the DCJIS.

1. As referenced in these terms and conditions, the terms below shall have the following meanings:
  - a. CRA: Consumer Reporting Agency
  - b. CRRB: The Criminal Record Review Board
  - c. CORI: Criminal Offender Record Information
  - d. DCJIS: The Massachusetts Department of Criminal Justice Information Services
  - e. iCORI service: The internet-based service used to request and obtain CORI and self audits.
  - f. Requestor: A registered user of the iCORI service and any additional authorized users for the requestor's account. Requestor, as used in these terms, also includes Consumer Reporting Agency requestors. Requestor, as used in these terms, also includes any individual who requests or obtains CORI or a self-audit report from DCJIS using a paper form.
2. Obtaining CORI from DCJIS by using this form is subject to Massachusetts General Law and to Federal law, including, but not limited to, M.G.L. c.6, §§ 167-178B (the CORI Law), M.G.L. c. 66, § 10 (the Public Records Law), M.G.L. c. 266, § 120F (Unauthorized use of a computer), and any current or future laws applicable to the use of computer systems or personal information. The penalties for violations of these laws include both civil and criminal penalties.
3. A requestor may only request the level of CORI access authorized by statute or the DCJIS for the type of request being submitted. A requestor who submits a CORI request using an access level higher than that authorized for the type of request being submitted will be in violation of the CORI law and DCJIS regulations and may be subject to both civil and criminal penalties.
4. An individual or entity who knowingly requests, obtains, or attempts to obtain CORI or a self-audit from the DCJIS under false pretenses, or who knowingly communicates, or attempts to communicate, CORI to any individual or entity except in accordance with the CORI law and DCJIS regulations, or who knowingly falsifies CORI or any records relating thereto, or who requests or requires a person to provide a copy of his or her CORI except as authorized pursuant to M.G.L. c. 6, § 172, shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$5,000.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$50,000.00. In the case of such a violation involving juvenile delinquency records, an individual or entity shall, for each offense, be punished by imprisonment in a jail or house of correction for not more than one year or by a fine of not more than \$7,500.00. In the case of an entity that is not a natural person, the amount of the fine may not be more than \$75,000.00.
5. Neither the DCJIS nor the CRRB shall be liable in any civil or criminal action due to any CORI or self-audit report that is disseminated by the DCJIS or the CRRB, including any information that is false, inaccurate, or incorrect, because it was erroneously entered by the court or the Office of the Commissioner of Probation.

6. CORI results are based on an exact match of the information provided by the requestor to information as it appears in the CORI database. Requestors are responsible for providing accurate information for the subject requested. In addition, it is the requestor's responsibility to compare the CORI or self-audit results received from the iCORI service to the subject's personal identifying information to ensure that the results match this information. The DCJIS is not liable for any errors or omissions in the CORI results based on a requestor's submission of inaccurate, incorrect, or incomplete subject information. Furthermore, NO REFUNDS of CORI fees will be provided because of data entry errors or other errors or omissions made by the requestor.
7. Each requestor who submits 5 or more background checks annually must have a written CORI policy. Each requestor is responsible for adopting its own CORI policy. The DCJIS publishes a model CORI policy on its website that may be adopted for use by requestors. If this requirement applies to a requestor, the requestor agrees that at the time of submission of any CORI request, it has adopted a CORI policy.
8. The requestor agrees that he/she has reviewed and understands all training materials regarding the CORI process and CORI requirements available from the DCJIS. Requestors are solely responsible for reviewing and understanding the training materials provided by the DCJIS.
9. Requestors who seek to receive the standard or required level of access to CORI for employment, housing, licensing, or volunteer purposes must ensure that the following are completed prior to submitting a CORI request:
  - a. Completion of a CORI Acknowledgement Form for each subject to be checked;
  - b. Verification of the identity of the subject using an acceptable form of government identification;
  - c. Obtaining the subject's signature on the CORI Acknowledgement Form;
  - d. Signing and dating the CORI Acknowledgement Form certifying that the subject was properly identified; and
  - e. Confirming that the requestor is in compliance with all applicable laws and regulations.
10. All requestors, including those that request CORI through a CRA, must comply with 803 C.M.R. 2.00 and, if applicable, 803 C.M.R. 5.00. In addition, CRAs are also responsible for ensuring compliance with the Fair Credit Reporting Act and with DCJIS regulation 803 CMR 11.00.
11. A requestor that uses CORI to commit a crime against, or to harass, another individual is subject to the criminal penalties set forth in M.G.L. c. 6, §178 ½, including imprisonment in a jail or house of correction for not more than one year and a fine of not more than \$5,000.00. The DCJIS and the CRRB disclaim any liability for the improper use or dissemination of information obtained through the iCORI service.
12. Requestors are subject to audit at any time by the DCJIS and may be asked to produce documentation to demonstrate compliance with these provisions and with DCJIS regulations (803 CMR 2.00-11.00 et seq.).

13. No information obtained from the iCORI service or from DCJIS personnel regarding use of the iCORI service shall be construed as legal advice.
14. The DCJIS reserves the right to alter, amend, or discontinue any feature of the iCORI service or the conditions of its use at any time. Any such changes will be announced on the iCORI service and/or the DCJIS website in advance. The user is subject to the terms of use in effect at the time of his/her agreement. The DCJIS and the CRRB shall not be liable for any damages associated with use of this site.
15. These Terms and Conditions are governed by, and construed in accordance with, the laws of the Commonwealth of Massachusetts and the laws of the United States, without giving effect to any principles of conflicts of law. If any provision of these Terms and Conditions is determined to be unlawful, void, or for any reason unenforceable, then that provision shall be considered void. The remaining provisions shall remain valid and enforceable.
16. By submitting a request for CORI to the DCJIS, I affirm that I have read and understand these Terms and Conditions. Further, I acknowledge, agree to, and am bound by, these Terms and Conditions, as well as by M.G.L. c. 6, §§ 167-178B, inclusive, and 803 CMR 2.00-11.00, inclusive.

# AFFIDAVIT OF INDIGENCY

AND REQUEST FOR WAIVER, SUBSTITUTION  
OR STATE PAYMENT OF FEES & COSTS

(Note: If you are **currently confined in a prison or jail** and are not seeking immediate release under G.L. c. 248 §1, but you are suing correctional staff and wish to request court payment of "normal" fees (for initial filing and service), **do not use this form**. Obtain separate forms from the clerk.)

<hr/>	<hr/>	
Court	Case Name and Number (if known)	
Name of applicant: <hr/>		
Address: <hr/>		
(Street and number)	(City or town)	(State and Zip)

**SECTION 1:** Under the provisions of General Laws, Chapter 261, Sections 27A-27G, I swear (or affirm) as follows:  
**I AM INDIGENT** in that (*check only one*):

☐ (A) I receive public assistance under (*check form of public assistance received*):

- |                                                                                       |                                                             |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Transitional Aid to Families with Dependent Children (TAFDC) | <input type="checkbox"/> Medicaid (MassHealth)              |
| <input type="checkbox"/> Emergency Aid to Elderly, Disabled or Children (EAEDC)       | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Massachusetts Veterans Benefits Programs; <b>or</b>          |                                                             |

☐ (B) My income, less taxes deducted from my pay, is \$ \_\_\_\_\_ per ☐ week ☐ biweekly ☐ month ☐ year  
(*check the period that applies*) for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents;  
which income is at or below the court system's poverty level; (*Note: The court system's poverty levels for households of various sizes must be posted in this courthouse. If you cannot find it, ask the clerk or check online at:*  
<http://www.mass.gov/courts/sjc/docs/povertyguidelines.pdf>. *The court system's poverty level is updated each year.*)

(List any other available household income for the checked period on this line: \$ \_\_\_\_\_); **or**

☐ (C) I am unable to pay the fees and costs of this proceeding, or I am unable to do so without depriving myself or my 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.



**SECTION 2:** *(Note: In completing this form, please be as specific as possible as to fees and costs known at the time of filing this request. A supplementary request may be filed at a later time, if necessary.)*

I request that the following **NORMAL FEES AND COSTS** be waived (not charged) by the court, or paid by the state, or that the court order that a document, service or object be substituted at no cost (or a lower cost, paid for by the state): *(Check all that apply and, in any "\$ \_\_\_\_" blank, indicate your best guess as to the cost, **if known.**)*

- ☐ Filing fee and any surcharge. \$ \_\_\_\_\_
- ☐ Filing fee and any surcharge for appeal. \$ \_\_\_\_\_
- ☐ Fees or costs for serving court summons, witness subpoenas or other court papers. \$ \_\_\_\_\_
- ☐ Other fees or costs of \$ \_\_\_\_\_ for *(specify)*: \_\_\_\_\_
- ☐ Substitution *(specify)*: \_\_\_\_\_

**SECTION 3:** I request that the following **EXTRA FEES AND COSTS** either be waived (not charged), substituted or paid for by the state:

- ☐ Cost, \$ \_\_\_\_\_, of expert services for testing, examination, testimony or other assistance *(specify)*: \_\_\_\_\_
- ☐ Cost, \$ \_\_\_\_\_, of taking and/or transcribing a deposition of *(specify name of person)*: \_\_\_\_\_
- ☐ Cassette copies of tape recording of trial or other proceeding, needed to prepare appeal for applicant **not** represented by Committee for Public Counsel Services (CPCS-public defender).
- ☐ Appeal bond
- ☐ Cost, \$ \_\_\_\_\_, of preparing written transcript of trial or other proceeding
- ☐ Other fees and costs, \$ \_\_\_\_\_, for *(specify)*: \_\_\_\_\_
- ☐ Substitution *(specify)*: \_\_\_\_\_

Date signed	Signed under the penalties of perjury  x _____
<b>By order of the Supreme Judicial Court, all information in this affidavit is CONFIDENTIAL. Except by special order of a court, it shall not be disclosed to anyone other than authorized court personnel, the applicant, applicant's counsel or anyone authorized in writing by the applicant.</b>	
This form prescribed by the Chief Justice of the SJC pursuant to G.L. c. 261, § 27B. Promulgated March , 2003. Fillable PDF created August 2013.	