
CORI SEALING PACKET



Legal Services Center of Harvard
Law School
safetynetproject@law.harvard.edu

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?

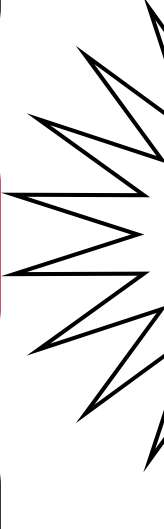


Convictions: yes **IF**, it has been 3 years since your last misdemeanor conviction, 7 years since your last felony conviction, you have no open cases/warrants, and you are not a level 2 or 3 sex offender you can use the petition to seal.

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](https://www.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

Date Issued (MM/DD/YYYY) ___/___/_____ Date Expires (MM/DD/YYYY) ___/___/_____

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. If you are unable to pay the fee, please complete the Affidavit of Indigency (page 8) to confirm that you receive some form of public assistance or speak with us about alternative arrangements (we can still help!).

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: _____

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: _____



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: _____



**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



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

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.

2

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).

3

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.

4

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 commonwealth 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)