

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. If you are indigent you may apply for a fee-waiver pursuant to the provisions of M.G.L. c.261, §27A, please see the fee-waiver criteria below or visit our website at: www.mass.gov/chsb. 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.

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.

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.

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 section 27A of chapter 261. In order to be considered for a waiver of the \$25.00 fee, kindly review the following provisions:

1. For Inmates: Please provide an affidavit of indigency as set forth by G.L. c. 261, § 27A-27G together with a copy of all accounts for the past six months. The affidavit should include the following language:

"I state under the pains and penalties of perjury that the statements made in this affidavit are true, that I have not omitted any assets that are available to me to pay fees, that I have not transferred any assets to avoid payment of the fee, and that I have not taken any action nor has any action been taken on my behalf to any assets in order to avoid having such assets used for payment of the fee."

2. For individuals receiving state or federal benefits: Please provide proof that you are currently indigent as defined at G.L. c. 261, § 27A. You may be eligible if you are:
 - (a) receiving public assistance under the aid to families with dependent children, program of emergency aid for elderly and disabled residents or veterans' benefits programs or who receive assistance under Title XVI of the Social Security Act or the Medicaid program, 42 U.S.C.A. 1396, et seq.;
 - (b) a person whose income, after taxes, is 125% or less of the current poverty threshold established annually by the Community Services Administration pursuant to section 625 of the Economic Opportunity Act; or are
 - (c) a person 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. But an inmate shall not be declared indigent unless he has complied with the procedures set forth above.