

**REQUEST TO INSPECT AND/OR COPY CRIMINAL OFFENDER RECORD
INFORMATION**

- I. Identification of the person named in the criminal record (if released, then Notary section must be filled out):

CLIENT INFORMATION

1. Name _____
Last First Middle

2. Date of Birth _____
(MM/DD/YY)

3. Mailing Address: _____
Town/City State Zip code

4. Mother's Maiden Name: _____

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

CLIENT SIGNATURE

Signature of requester/ex-inmate Date

- II. Inspection by Third Party (circle all that apply): attorney, family, friend, community placement

CLIENT NAME

I, _____, hereby authorize a third party to review and/or copy my criminal record on my behalf. I further acknowledge that I am aware that Massachusetts law prohibits a person from requesting or requiring another person to produce a copy of his/her/their own record, unless so authorized by the Department of Criminal Justice Information Services, pursuant to M.G.L. c. 6 § 172. I swear, under the penalties of perjury, that the information I have provided above is true and to the best of my knowledge and belief.

CLIENT SIGNATURE

Date Signature of INDIVIDUAL named in the CORI

Identification of individual authorized to inspect and/or copy the criminal record.

ATTORNEY INFORMATION

a. Name: _____
Last First Middle

Address: _____

I hereby swear or affirm under the penalties of perjury that the above information is correct; that I have been authorized to inspect and/or receive the criminal record of the individual; and that I will not use this authorization for the purpose of gaining access to any other person's criminal record.

ATTORNEY SIGNATURE

Date

Signature of authorized third party

III. Name of Department of Correction employee present at inspection.

a. Name:

LEAVE BLANK

Last

First

Middle

Signature: _____ Date: _____

Title/Facility: _____

b. Date of Inspection: ____/____/____ am/pm
Month Day Year Time

c. Exceptions taken, if any, as to accuracy, completeness, contents, mode of maintenance and/or dissemination of the information reviewed. Describe in detail in the space below:

PLEASE LIST THE INFORMATION BEING REQUESTED

This form must be retained and stored in the institutional inmate record in section 1.

Please note: For former inmates, a notarized signature is required.

**AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC
(FOR EX-INMATES ONLY)**

_____, ss

NOT APPLICABLE TO INCARCERATED CLIENTS

The above-named _____, appeared before me, the undersigned

Authority, this _____ day of _____, 202_ and acknowledged the foregoing signature to be made of his/her/their own true free act and deed.

Notary Public

My Commission expires

103 CMR: DEPARTMENT OF CORRECTION

MASSACHUSETTS DEPARTMENT OF CORRECTION
APPLICATION TO REVIEW EVALUATIVE INFORMATION

A. To be completed by Applicant

1. Name: _____ ATTORNEY INFORMATION
2. Address: _____

3. Date of Birth: _____
4. Date of Application: _____
5. Specific Documents Requested (if known): _____

6. Reason for Application (this question is optional) _____

7. Signature of Applicant: _____ ATTORNEY SIGNATURE Date: _____
8. *Signature of Inmate: _____ CLIENT SIGNATURE Date: _____

**I agree to the above stated release of information to the above stated agency/individual.*

☐

Check here if waiver of additional costs for copying is requested on basis of indigency:

If waiver for indigency is requested, applicant must sign after the following statement:

I hereby claim indigency and swear or affirm that I have had less than ten dollars (\$10.00) in my personal account for sixty days or more; and/or that I currently have less than two dollars (\$2.00) in my account.

Signature of Inmate: _____ Date: _____

B. To be Completed by DOC Screening Employee

LEAVE PAGE BLANK

1. Name: _____

2. Title: _____

3. Action Taken (check one):

☐

A. Approved Review of Evaluative Information

☐

B. Approved Partial Review of Evaluative Information

☐

C. Disapproved Review of Evaluative Information

4. List of Documents Disapproved and Reasons:

Key Reasons for Disapproval:

- A. Documents prepared by agency other than DOC (indicate which agency;
- B. Disclosure would pose a particular threat of harm;
- C. Disclosure would clearly impair a treatment relationship between counselor and client;
- D. Document provided to the Department upon a clear and justifiable condition of confidentiality;
- E. Attorney work product or deliberations of agency.

List Type of Document Disapproved and Key Letter for Reason:
(example: Classification Report: (c))

1. _____

2. _____

3. _____

4. _____

(Use back of page if additional room is needed).

5. Date Action Taken: _____

6. Signature of DOC Screening Employee:

_____ Date _____