

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 DOC regulation 103 CMR 157.06 as to inmates and as defined by section 27A of M.G.L. c. 261 as to all others. In order to be considered for a waiver of the \$25.00 fee, kindly review the following provisions:

1. For Inmates: Please provide a copy of all accounts for the past sixty days. As a substitute for a copy of your inmate account(s), you may send a statement signed by a correctional facility official, to the effect that the total amount in your inmate account(s) for the past sixty days is \$35.00 or less.

2. For individuals receiving state or federal benefits: Please submit an affidavit that you are currently indigent as defined at G.L. c. 261, § 27A. You are eligible if you are an individual:
 - (a) who receives public assistance under Massachusetts Transitional Aid to Families with Dependent Children (TAFDC), Massachusetts Emergency Aid to Elderly, Disabled, and Children (EAEDC), Federal Supplement Security Income (SSI), Massachusetts MassHealth (formerly Medicaid), or Massachusetts Veterans' Benefits; **or**

 - (b) whose income, less taxes deducted from his/her pay is _____ per week/month/year (circle period that applies), for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below 125% or less of the current poverty threshold annually published in the Federal Register by the U.S. Department of Health and Human Services; **or**

 - (c) 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.

AFFIDAVIT OF INDIGENCY¹
Submitted with Personal Criminal Record Request

Name of applicant: _____

Address: _____
(Street and number) (City or town) (State and Zip)

Following the scheme of General Laws c. 261, §§ 27A et seq., applicant swears (or affirms) as follows:

[Check only one.]

1. Applicant is indigent in that he/she is a person:

_____ (a) who receives public assistance under Massachusetts Transitional Aid to Families with Dependent Children (TAFDC), Massachusetts Emergency Aid to Elderly, Disabled, and Children (EAEDC), Federal Supplement Security Income (SSI), Massachusetts MassHealth (formerly Medicaid), or Massachusetts Veterans' Benefits; **or**

_____ (b) whose income, less taxes deducted from his/her pay is _____ per week/month/year (circle period that applies), for a household of _____ persons, consisting of myself and _____ dependents; which income is at or below 125% or less of the current poverty threshold annually published in the Federal Register by the U.S. Department of Health and Human Services; [List any other available household income for the circled period on this line: _____] **or**

_____ (c) 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.

IF YOU CHECKED (c), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.

2. Applicant requests that the following fee be waived by the Criminal History Systems Board:

\$25 fee for personal CORI request

Signed under the penalties of perjury:

Signature of applicant: _____

Date: _____

¹This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED CRIMINAL HISTORY SYSTEMS BOARD PERSONNEL.

\$ _____

(e) Taxes Deductions (monthly)

Federal Tax: \$ _____ State Tax: \$ _____
Social Security: \$ _____ Health Insurance: \$ _____
Medicare: \$ _____ Pension: \$ _____ Other:
\$ _____

Total Deductions (monthly):

\$ _____

(f) Net Income (monthly) (gross income minus total deductions): \$ _____

(g) If applicant's spouse or any other member of applicant's household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

3. NET INCOME (monthly):

(a) Income After Taxes (from Line 2(f)):

(b) Expenses (monthly):

Rent or Mortgage: \$ _____ Food: \$ _____

Clothing: \$ _____

Utilities (electricity, gas, oil, water, telephone) \$ _____

Health Insurance \$ _____ Uninsured Medical Expenses \$ _____

Child Care: \$ _____ Education Expenses for Children \$ _____

Other Expenses (i.e. transportation, laundry, car insurance, etc.)

Total Expenses (monthly): \$ _____

(c) Net Income Minus Taxes and Expenses (monthly): \$ _____

4. ASSETS

(a) Own home? _____ Market value: \$ _____

Balance owed \$ _____

(b) Own car? _____ Year and Make: _____

Market value: \$ _____ Balance owed:

\$ _____

(c) Bank Accounts (specify type and balance)

(d) Other property including real estate (specify type and value)

5. DEBTS

(a) Specify: _____

6. MISCELLANEOUS

(a) Other facts that may be relevant to applicant's ability to pay fees and costs?

Signed under the penalties of perjury:

Signature of applicant: _____

Typed/Printed name of applicant: _____

Date: _____

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