

APPLICATION FOR NOTICE OF AN OFFENDER'S RELEASE

1). **The Victim Rights Law** (M.G.L., c. 258B), mandates that victims, witnesses, family members of homicide victims and parents/guardians of minor aged victims shall, **upon request**, be notified, in advance, by the appropriate custodial authority whenever the offender is transferred to a less secure facility, escapes from custody or receives a temporary, provisional, or final release.

2). **The Criminal Offender Record Information (CORI) Law** (M.G.L. c.6, s.172c) mandates that any person who reasonably believes that his/her physical safety is at risk by an inmate shall, **upon request**, be notified, in advance, of an offender's release under a **Citizen's Initiated Petition (CIP)**. Under the **CIP** process, you **must** provide a written statement with this application explaining why you believe the inmate might harm you.

INMATE INFORMATION		Probation Central File (PCF) #:	
Name of Inmate:		Alias(es):	
DOB:	SSN:	Race:	
Charges:			
Sentence:		Date of Sentence:	
CURRENT Place of Incarceration:			

APPLICANT INFORMATION <i>***Applicant must be over 17 years of age***</i>			
Applicant (Ms./Mr.):		DOB:	SSN:
Address:	City:	State:	Zip:
Home Phone: ()		Business/Other Phone: ()	
Special Needs (i.e., non-English speaking):			

YOU ARE APPLYING AS:

- 1. Victim Witness Family member of homicide victim Parent/Guardian of minor aged victim
- 2. Citizen's Initiated Petition (*a statement must be provided for #2*)

IF APPLICANT IS NOT THE VICTIM	
Victim's Name:	DOB:
Applicant's relationship to victim:	

****APPLICANT'S SIGNATURE** _____

ADVOCATE INFORMATION			
Name:	Office:	Court:	
Address:	Phone: ()	Fax: ()	

(Revised 10/02)

Criminal History Systems Board
200 Arlington Street, Suite 2200, Room 2112
Chelsea, MA 02150
Phone: (617) 660-4690, Fax: (617) 660-5973

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INMATE INFORMATION		Probation Central File (PCF) #:	
Name of Inmate: <u>JOHN DOE</u>		Alias(es): <u>JONNY</u>	
DOB: <u>3.31.69</u>	SSN: <u>012.23.4567</u>	Race: <u>white</u>	
Charges: <u>ASSAULT + BATTERY</u>			
Sentence: <u>3 MONTHS</u>		Date of Sentence: <u>10/31/02</u>	
CURRENT Place of Incarceration: <u>YORK ST. JAIL</u>			

APPLICANT INFORMATION ***Applicant must be over 17 years of age***

Applicant (Ms/Mr.): <u>JANE DOE</u>		DOB: <u>4.15.74</u>	SSN: <u>87.65.4321</u>
Address: <u>100 MAIN ST</u>	City: <u>ANYTOWN</u>	State: <u>MA</u>	Zip: <u>01011</u>
Home Phone: <u>(800) 555.5555</u>		Business/Other Phone: <u>(800) 111 1111</u>	
Special Needs (i.e., non-English speaking):			

YOU ARE APPLYING AS:

1. Victim Witness Family member of homicide victim Parent/Guardian of minor aged victim
 2. Citizen's Initiated Petition (a statement must be provided for #2)

IF APPLICANT IS NOT THE VICTIM

Victim's Name:	DOB:
Applicant's relationship to victim:	

**APPLICANT'S SIGNATURE Jane Doe

ADVOCATE INFORMATION

Name:	Office: <u>CHSB</u>	Court: <u>NONE</u>
Address: <u>200 Arlington Street, Chelsea</u>		Phone: <u></u> Fax: <u>(617) 660-5973</u>

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