

# BOOKLET 1

## HOW TO GET A COPY OF YOUR CRIMINAL RECORD (CORI)



If you have had criminal cases filed against you in court, you have a criminal record known as a CORI (Criminal Offender Record Information). You may be able to seal your criminal cases if the charges are very old or the cases ended in a finding of not guilty, or were dismissed or dropped. The first step in trying to seal your CORI is to get a copy of your CORI report. A model form is attached along with a blank form you can use to get a copy of your CORI by mail.

### GETTING YOUR CORI REPORT BY MAIL

#### STEP ONE.

Fill out a PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM and sign it in front of a notary public. A blank form is attached which you can use to request your CORI. If you have ever used another name, be sure to list both names on the form.

#### STEP TWO.

If you cannot afford to pay the \$25 fee for a copy of your CORI, you may be eligible for a waiver of the fee. If you receive public assistance such as MassHealth, SSI, T-ADFC, Massachusetts Veterans Benefits, or EAEDC, you are automatically eligible for a fee waiver. To get a fee waiver, you must fill out an AFFIDAVIT OF INDIGENCY. A blank form you can use is attached to this booklet.

#### STEP THREE.



Put your PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM, and a \$25 check or money order payable to the Commonwealth of Massachusetts (or the AFFIDAVIT OF INDIGENCY if you qualify for a waiver of the \$25 fee) in an envelope with postage on it and mail it to the:

Department of Criminal Justice Information Services  
200 Arlington Street, Suite 2200  
Chelsea, MA 02150  
ATTN: CORI Unit

## **GETTING YOUR CORI REPORT ONLINE**

You can also get a copy of your CORI online. This will cost \$25 payable by credit card unless you answer “Yes” after the question that asks if you are “indigent” AND which prompts you further to indicate whether you receive public assistance OR your income after taxes is less than 125% of the poverty guidelines.

You will be automatically eligible for a free report if you check off a box stating that you receive Masshealth (Medicaid), or SSI, or EAEDC, or T-AFDC, or Massachusetts Veterans’ Benefits.

If you are not getting public assistance, you must list the amount of your monthly income after taxes if you want to get the report for free. The reply will tell you if you qualify for a fee waiver.

If you receive public assistance as listed above or your income is at or below 125% of the poverty guidelines, your request for a free report will be approved.

### **DIRECTIONS FOR FILLING OUT “AFFIDAVIT OF INDIGENCY” AND “SUPPLEMENT TO AFFIDAVIT OF INDIGENCY”**

1. Fill out the forms carefully because the forms are “signed under the penalties of perjury.” You must sign, date and fill out your name and mailing address on the applicable forms.
2. If you get public assistance in the form of MassHealth, SSI, T-AFDC, Massachusetts Veterans Benefits, or EAEDC, check “Yes” on box “1” on the Affidavit of Indigency and check the benefit(s) you get. You do NOT need to fill out the rest of the questions and can go to the signature line at the end.
3. If you do not get these public assistance benefits, but have income (after taxes) that is equal to or less than 125 percent of the federal poverty guidelines, you can check “Yes” on box “2” on the Affidavit of Indigency and then skip down the signature line. To find out whether your income is equal to or less than the poverty guidelines, look at the chart below.
4. If your income is over the poverty guidelines, but you cannot pay the \$25 fee for your CORI without depriving yourself or dependents of the necessities of life such as food, shelter and clothing, you can check off box “3” on the Affidavit of Indigency. You also must fill out the income and employment questions after the check boxes.

Size of Family Unit	125% (per year) of Poverty Threshold
1	\$14,713
2	\$19,913
3	\$25,113
4	\$30,313
5	\$35,513
6	\$40,713
7	\$45,913
8	\$51,113

For Family Units with more than 8 members add \$5,200/year for each additional member.

**IMPORTANT.** Please note that the federal poverty guidelines are updated EVERY year, usually by spring. The poverty guidelines below are up to date as of July 13, 2015, but the guidelines will change next year. Check out [www.masslegalhelp.org](http://www.masslegalhelp.org) on the internet for updates on the poverty guidelines.

### FOR MORE INFORMATION

- Call the Legal Advocacy & Resource Center (LARC) at 617-603-1700 if you live in the Boston area. You'll be screened for eligibility for an intake for Greater Boston Legal Services (GBLS). GBLS is not able to take every case, but LARC or GBLS may be able to offer advice or refer you to other resources to help you solve your problem.
- To find a legal aid program near you, go to: [www.masslegalhelp.org](http://www.masslegalhelp.org)
- Read other Booklets in this series:
  - Booklet 1: How to Get a Copy of Your Criminal Record (CORI)
  - Booklet 2: How to Seal Old Criminal Cases
  - Booklet 3: Sealing Cases that Ended Without a Conviction or First Time Drug Offenses
  - Booklet 4: Representing Yourself in Court After Filing a Petition to Seal Criminal Cases
  - Booklet 5: One Stop CORI Sealing in Boston Municipal Court

This information is provided as a public service by Greater Boston Legal Services and does not constitute legal advice which can only be given to you by your own attorney. This booklet relates to criminal records located in Massachusetts and to the laws, forms, and practices in effect as of February 1, 2016. Bills are often filed to change various laws. This booklet is made available through funding from the Gardiner Howland Shaw Foundation and is also available online at [masslegalhelp.org](http://masslegalhelp.org)

SAMPLE

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  
 MASS.GOV/CJIS



### Criminal Offender Record Information (CORI) Personal Request Form

If you have a valid Massachusetts I.D. or driver's license and are not submitting an indigency waiver, you may submit your CORI request online at [Mass.gov/CJIS](http://Mass.gov/CJIS). This form is only to be used to request **your own personal CORI information**. In Massachusetts, it is illegal for an employer or any other entity to require someone to provide a copy of his/her personal CORI.

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.** This form, along with payment or indigency waiver, must be mailed to the address above, **Attn: CORI Unit.**

#### REQUEST INFORMATION

\* Are you submitting an indigency waiver?  Yes  No

Please note: You will need to submit an indigency waiver if you are indigent. The indigency waiver form can be found at <http://www.mass.gov/eopss/docs/chsb/affidavit-of-indigency.pdf>.

#### Requestor Details

Please type or print clearly. Items marked with an asterisk (\*) MUST be completed.

\* First Name: John Middle Initial: P

\* Last Name: Doe Suffix (Jr., Sr., etc): \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): 07/04/84 Probation Central File (PCF) Number(s) (if known): \_\_\_\_\_

\* Last **SIX** digits of your Social Security Number: 65 -- 4321  I do not have a Social Security Number

Father's First Name: Paul Father's Last Name: Doe

Mother's First Name: Jane Mother's Last Name: Smith

Please check this box if you would ALSO like to request your personal CORI with your former last name(s):

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

#### Mailing Address

\* Street Address: 5 JUMP Street

Apt. # or Suite: \_\_\_\_\_ \*City: Boston \*State: MA \*Zip: 02214

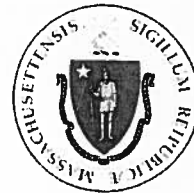
Personal Phone Number: none

Email Address: none

**\*\*\*PLEASE NOTE: If you are requesting your CORI for immigration purposes, and you have additional paperwork regarding the names requested, please attach a copy of the paperwork to this form.\*\*\***

SAMPLE

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**Personal CORI Request Authorization**

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

John P. Doe  
Signature of Individual Authorizing CORI Request

10-5-2015  
Date

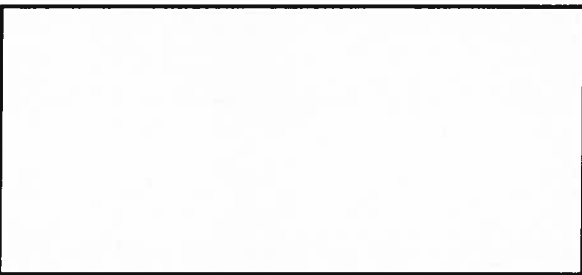
**Authentication of Signature**

Please note that ALL fields in this section must be completed by the Notary Public. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this 5 day of October, 2015, before me, the undersigned Notary Public, personally appeared John Doe (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was drivers license (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.

Peter Notary  
Signature of Notary Public (Notary stamp or seal is also required)

7-14-2017  
Date my Commission expires



**Correctional Facility Information**

If you are currently incarcerated, a correctional facility official MUST complete the following section.

\_\_\_\_\_  
Name and rank of Correctional Facility Official (Please print.)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address of Correctional Facility

\_\_\_\_\_  
Signature of Correctional Facility Official

\_\_\_\_\_  
Date



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 TEL: 617-660-4640 | TTY: 617-660-4606  
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**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: John Middle Initial: P.  
 \* Last Name: Doe Suffix (Jr., Sr., etc): \_\_\_\_\_  
 \* Street Address: 5 Jump Street  
 Apt. # or Suite: \_\_\_\_\_ \*City: Boston \*State: MA \*Zip: 02214

**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.

John P. Doe

Signature of Individual Making CORI Request

10-5-2015

Date

**BLANK FORMS**  
**YOU CAN FILL IN AND USE BY MAIL**



**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: \_\_\_\_\_

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 If yes, select the programs you receive assistance from:  
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 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: \_\_\_\_\_  
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 If unemployed, please list your source of income: \_\_\_\_\_
4. Are you currently incarcerated?  
 Yes  No

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Signature of Individual Making CORI Request

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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.** This form, along with payment or indigency waiver, must be mailed to the address above, **Attn: CORI Unit.**

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Please type or print clearly. Items marked with an asterisk (\*) MUST be completed.

\* First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\* Last Name: \_\_\_\_\_ Suffix (Jr., Sr., etc): \_\_\_\_\_

\* Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Probation Central File (PCF) Number(s) (if known): \_\_\_\_\_

\* Last **SIX** digits of your Social Security Number: \_\_\_\_ -- \_\_\_\_  I do not have a Social Security Number

Father's First Name: \_\_\_\_\_ Father's Last Name: \_\_\_\_\_

Mother's First Name: \_\_\_\_\_ Mother's Last Name: \_\_\_\_\_

Please check this box if you would **ALSO** like to request your personal CORI with your former last name(s):

Former Last Name 1: \_\_\_\_\_

Former Last Name 2: \_\_\_\_\_

Former Last Name 3: \_\_\_\_\_

Former Last Name 4: \_\_\_\_\_

### Mailing Address

\* Street Address: \_\_\_\_\_

Apt. # or Suite: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*PLEASE NOTE: If you are requesting your CORI for immigration purposes, and you have additional paperwork regarding the names requested, please attach a copy of the paperwork to this form.\*\*\***



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**Personal CORI Request Authorization**

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

\_\_\_\_\_  
*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. This section does not need to be completed if you are currently incarcerated; please proceed to the next section.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (name of CORI requestor) 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*

**Correctional Facility Information**

If you are currently incarcerated, a correctional facility official MUST complete the following section.

\_\_\_\_\_  
*Name and rank of Correctional Facility Official (Please print.)* \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Address of Correctional Facility*

\_\_\_\_\_  
*Signature of Correctional Facility Official* \_\_\_\_\_  
*Date*