

## BOOKLET 1

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



If you have past or present 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 closed criminal cases if the charges are very old even if you were found guilty. The first step in trying to seal records 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

To request your report by mail, 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 report.

##### 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, Mass. 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. An income chart is included in this booklet so you can figure out if you qualify for waiver of the fee.

##### STEP THREE

Put your PERSONAL MASSACHUSETTS CRIMINAL RECORD REQUEST FORM, AND a \$25 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 and mail it to the:

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

#### GETTING YOUR REPORT ONLINE

**iCORI.** You can also get a copy of your CORI report on the internet if you have a Massachusetts driver's license or a Mass ID issued by the Registry of Motor vehicles. If you receive public assistance or have income at or below 125% of the poverty guidelines, you do not have to pay a \$25 fee if you check off "yes" when you are asked if you are indigent and answer questions. The link to the website is: <https://www.mass.gov/how-to/request-cori-as-an-individual>

**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. Box 1. If you get public assistance in the form of MassHealth (Medicaid), SSI, T-AFDC, Mass. Veterans Benefits, or EAEDC, check off box “1” on the Affidavit of Indigency and circle the benefit(s) you get. However, you do NOT need to fill out the Supplement to Affidavit of Indigency form.
3. Box 2. 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 off box “2” on the Affidavit of Indigency. To find out whether your income is equal to or less than the poverty guidelines, look at the chart below. You also must list the amount of your income and how many people you support on the Affidavit of Indigency.
4. Box 3. 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 list the amount of your income, your occupation and where you work, and source of your income if unemployed.

Size of Family Unit	(2018) 125% of Poverty Threshold
1	\$15,175
2	\$20,575
3	\$25,975
4	\$31,375
5	\$36,775
6	\$42,175
7	\$47,975
8	\$52,975

For family units with more than 8 members add \$5,400/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 October 10, 2018, but the guidelines will likely change later on this year. Check [www.masslegalhelp.org](http://www.masslegalhelp.org) on the internet for updates on the poverty guidelines.

## LEGAL HELP FOR LOW INCOME PEOPLE

- Call the Eastern Regional Legal Intake (ERLI) at 617-603-1700 if you need legal help and 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 ERLI 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 serving people outside of Boston or near you, go to:  
[www.masslegalhelp.org](http://www.masslegalhelp.org)
- Read other booklets in this series: [https://www.gbls.org/cori\\_record\\_sealing\\_booklets](https://www.gbls.org/cori_record_sealing_booklets)

Know Your CORI Rights—Sealing and Expungement of Criminal Offender Record Information  
(This booklet is the most detailed, contains all the forms and discusses all topics below)

Booklet 1: How to Get a Copy of Your Criminal Record (CORI)

Booklet 2: How to Seal Old Criminal Convictions

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

Booklet 6: What You Should Know about Drivers' Licenses and Drug Convictions

Booklet 7: How to Seal or Expunge Decriminalized Marijuana Cases

Booklet 8: Avoiding Guilty Pleas and Criminal Case Dispositions that Give You Life-Time Criminal Records

Booklet 9: How to Expunge Juvenile and Criminal Records

<p><b>IMPORTANT.</b> 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 only to Massachusetts state court records and the laws in effect as of October 10, 2018.</p>
--



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

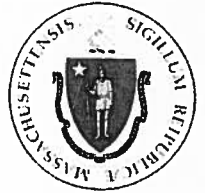
Email Address: none

**\*\*\*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



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



**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.

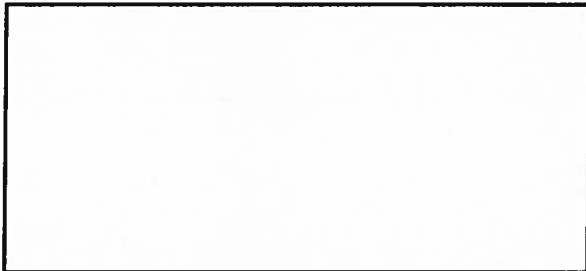
On this 5 day of October, 2015, before me, the undersigned Notary Public, personally appeared John Doe (name of CORI requestor) and proved to me through satisfactory evidence of identification, which was drivers license (Ex: Driver's license, passport, etc.), to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he)(she) signed it voluntarily for its stated purpose.

Peter Motary

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



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



**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.

<b>Requestor Details</b>
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

<b>Indigency Details</b>
--------------------------

\*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**



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





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



**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*



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



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

**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.

\_\_\_\_\_  
Signature of Individual Making CORI Request

\_\_\_\_\_  
Date