

**TRIAL COURT OF MASSACHUSETTS
JUVENILE COURT DEPARTMENT**

CONSENT TO CRIMINAL OFFENDER RECORD INFORMATION CHECK

I hereby authorize the Juvenile Court to conduct a criminal offender record information check to determine whether I have a criminal record. I understand the criminal offender record information check is intended for use by the court in conjunction with my application for appointment as a court investigator. I further understand that the court will not process my application without conducting a criminal offender record information check. Therefore, the information below is willingly supplied by me, and my signature indicates my permission for this record check to be completed.

Applicant's Name: _____

Current Address: _____

Social Security No.: _____

Gender: _____ Date of Birth: _____

Place of Birth: _____

Maiden Name (if applicable): _____

Other Names or Aliases used: _____

Mother's Name: _____

Father's Name: _____

Date: _____

(Applicant's Signature)

NOTARIZATION

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of applicant), proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed above on this document in my presence.

_____ (official signature and seal of notary)

FOR OFFICE USE ONLY

Results of CORI:

Record (attached)

No Record

Sealed Record

CORI Check Conducted on:

Date: _____

Signature: _____