CONSENT TO CRIMINAL OFFENDER RECORD INFORMATION CHECK	Trial Court of Massachusetts Juvenile Court Department

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 fee generating appointments. 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: ☐ Male ☐ Female 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)