MASSACHUSETTS DEPARTMENT OF CORRECTION APPLICATION TO REVIEW EVALUATIVE INFORMATION

To be Completed by Applicant A. 1. 2. 3. Email Address: 4. Telephone Number: 5. Date of Birth: 6. Date of Application: 7. Specific Documents Requested (if known): 8. Reason for Application (this question is optional): Signature of Applicant:_____ 9. Date: _____ 10. *Signature of Incarcerated/Formerly Incarcerated Individual: _____Date:_____ *I agree to the above stated release of information to the above stated agency/individual. Check here if waiver of additional costs for copying is requested on basis of indigency If waiver for indigency is requested, applicant must sign after the following statement:

I hereby claim indigency and swear or affirm that I have had less than ten dollars (\$10.00) in my personal account for sixty days or more; and/or that I currently have less than two dollars (\$2.00) in my account.

For active individuals, indigency will be assessed by the institution's Treasurer.

1.	Name:		
2.	Title	Title:	
3.	Action Taken (check one):		
	a.	Approved Review of Evaluative Information	
	b.	Approved Partial Review of Evaluative Information \Box	
	c.	Disapproved Review of Evaluative Information	
4.	List	of Documents Disapproved and Reasons:	
	Key Reasons for Disapproval:		
	a.	Documents prepared by agency other than DOC (indicate which agency);	
	b.	Disclosure would pose a particular threat of harm.	
	c.	Disclosure would clearly impair a treatment relationship between counselor client;	
	d.	Document provided to the Department upon a clear and justifiable condition confidentiality.	
	e.	Attorney work product or deliberations of agency.	
	List Type of Document Disapproved and Key Letter for Reason:		
	(ex:	Investigative Report: (B))	
	a.		
	b.		
	c. d.		
	a.	(Use back of page if additional room is needed)	
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