

**MASSACHUSETTS DEPARTMENT OF CORRECTION
APPLICATION TO REVIEW EVALUATIVE INFORMATION**

A. To be Completed by Applicant

1. Name: _____

2. Address: _____

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): _____

9. Signature of Applicant: _____ Date: _____

10. *Signature of Inmate: _____ 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.

Signature of Inmate: _____

Date: _____

B. To be Completed by DOC Screening Employee

1. Name: _____

2. Title: _____

3. Action Taken (check one):

a. Approved Review of Evaluative Information

b. Approved Partial Review of Evaluative Information

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 and client;
- d. Document provided to the Department upon a clear and justifiable condition of 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. _____

(Use back of page if additional room is needed)

5. Date Action Taken: _____

Signature of DOC Screening Employee: _____ Date: _____