

**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:

(example: 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: \_\_\_\_\_