THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606
MASS.GOV/CJIS

Affidavit of Indigency

(To Be Submitted with Personal Request Form)

You or your client (if you are submitting a personal CORI request on behalf of a client), may be eligible for a waiver of CORI request fee. In order to apply, please complete this affidavit of indigency. Please note, you must select the option below that most closely describes you or your client's financial status.

Requestor Details

Please type or print clearly. Items marked with an asterisk (*) MUST be completed.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc): _____

* Street Address:_____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

Indigency Details

*Pursuant to M.G.L. c. 6, §172A, I swear (or affirm) as follows: I AM INDIGENT in that: (select "yes" to at least one option)

1. Do you receive public assistance?
   ☐ Yes ☐ No

   If yes, select the programs you receive assistance from:
   - ☐ Massachusetts Transitional Aid to Families with Dependent Children (TAFDC)
   - ☐ Federal Supplement Security Income (SSI)
   - ☐ Emergency Aid to Elderly, Disabled and Children (EAEDC)
   - ☐ Medicaid (MassHealth)
   - ☐ Massachusetts Veterans' Programs

2. Is your income 125% or less of the current poverty threshold published in the Federal Register by the U.S. Department of Health and Human Services?
   ☐ Yes ☐ No

3. Can you pay the CORI fee without depriving yourself or your dependents of the necessities of life?
   ☐ Yes ☐ No

   If yes, you must complete these boxes:
   Gross Monthly Income: _____Gross Income for the Past Twelve Months: _____
   If employed, please list your occupation and employer's name and address: _____
   _____
   _____
   If unemployed, please list your source of income: _____

4. Are you currently incarcerated?
   ☐ Yes ☐ No

I request that the Department of Criminal Justice Information Services waive the fee for a Personal Criminal Record Information (CORI) request under penalty of perjury.

_____ _____

Signature of Individual Making CORI Request *Date*