



**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

My income, less taxes deducted from my pay is \$ \_\_\_\_\_ per \_\_\_\_\_, for a household of \_\_\_\_\_ persons consisting of myself and \_\_\_\_\_ dependants. I have other available household income for the selected period of \$ \_\_\_\_\_

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