

**REQUEST FOR RELEASE OF INFORMATION  
(G.L. c. 239, §§ 16(f) (g) & (h))**



**MASSACHUSETTS  
TRIAL COURT**

DOCKET NO.	COURT DEPARTMENT	COURT DIVISION/COUNTY
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PLAINTIFF <i>(Landlord/Lessor/Owner)</i>	DEFENDANT <i>(Tenant/Occupant)</i>
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**REQUEST**

I, \_\_\_\_\_, \_\_\_\_\_ request the Court make available the court  
(Name of requestor) (Agency, if applicable)

record in the above-referenced action currently under seal for the following reason(s):

*Add additional pages if needed.*

I am a named party (or representative of a named party) to the above-referenced action (G.L. c. 239, § 16(h)).

For public safety, scholarly, educational, journalistic or governmental purposes (G.L. c. 239, § 16(f)).  
*(Provide additional details to support this request).* \_\_\_\_\_

For the collection of money judgment (G.L. c. 239, § 16(g)(i)). *(Provide additional details to support this request).* \_\_\_\_\_

To pursue a criminal investigation or prosecution (G.L. c. 239, § 16(g)(ii) - (iii)), or information contained in the sealed record was entered into evidence in a criminal prosecution that resulted in a criminal charge (G.L. c. 239, § 16(g)(iv)). *(Provide additional details to support this request).* \_\_\_\_\_

**REQUESTOR'S INFORMATION**

Please print or type all the information requested below.

NAME (FIRST, MIDDLE, LAST)		B.B.O. OR STATE BAR NUMBER (IF APPLICABLE)	
FIRM OR AGENCY NAME (IF APPLICABLE)		OFFICE OR HOME PHONE NUMBER	
STREET ADDRESS		APT/UNIT #	MOBILE PHONE NUMBER
CITY/TOWN	STATE	ZIP CODE	E-MAIL ADDRESS

**REQUESTOR'S SIGNATURE**

**Subscribed and certified or declared to be true under penalties of perjury:**

\_\_\_\_\_  
PRINTED NAME OF REQUESTOR

**X** \_\_\_\_\_  
SIGNATURE OF REQUESTOR

\_\_\_\_\_  
DATE