



**MASSACHUSETTS TRIAL COURT
MASSACHUSETTS PROBATION SERVICE**

Office of the Commissioner of Probation,
One Ashburton Place, 4th floor, Room #405 Boston, MA 02108

Telephone: (617) 727-5300
Email: OCPSealingDivision@jud.state.ma.us

**REQUEST NOT TO SEAL CRIMINAL RECORDS, UNDER G.L. c. 276, § 100C, PARAGRAPH 1
FOR RECORDS ENTERED ON/AFTER MARCH 11, 2024**

Unless you ask that your criminal records **NOT** be sealed, the Commissioner of Probation and the court will seal records of criminal charges for which: (1) you are found not guilty by a judge or a jury; (2) a no bill is returned by a grand jury; or (3) a judge makes a finding of no probable cause.

If you **DO NOT** want your record(s) sealed, complete and send this form to the Office of the Commissioner of Probation by mail at the address above or by email at the address listed above **within 10 days**. **If you do nothing, the record(s) will be sealed.**

Part A: Information about you (please print)

Name: (Last, first, middle) _____

Other Name: (Alias, maiden, previous) _____

Date of Birth: _____ **Place of Birth:** _____ **Social Security Number:**(if you have one) _____

Father's Name: _____ **Mother's Name:** (with maiden name) _____

Mailing address: (Street number & name, City, State, ZIP) _____

Residential address: (Street number & name, City, State, ZIP) _____

Telephone(s): _____ **E-mail(s):** _____

Part B: Information about your case(s)

I request that the records in the following cases **NOT** be sealed.

Docket Number	Charge	Court Department and Division Superior, District, or Boston Municipal (location)	Disposition (Not Guilty, No Bill, or No Probable Cause)	Disposition Date

Signed by: _____ **Date:** _____

Print Name: _____ **Date:** _____

Completed forms can be mailed or emailed to the addresses listed above.