



Deval L. Patrick
Governor

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Lieutenant Governor

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Secretary

The Commonwealth of Massachusetts
Executive Office of Public
Safety and Security
Department of Correction
MCI Concord
Central Records Unit
P.O. BOX 9106
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Luis S. Spencer
Commissioner

Peter A. Pepe, Jr.
Katherine A. Chmiel
Deputy Commissioners

Paul L. DiPaolo
Acting Deputy Commissioner

FR: Massachusetts Department of Correction
Central Records Unit

Date:

RE: Records Request

Enclosed please find a copy of the Massachusetts Department of Correction CORI form which must be completed in order to obtain Massachusetts Department of Correction CORI (Criminal Offender Record Information). We ask that you be specific as to which documents you are in search of so that we may expedite your request.

You must have this form signed by a Notary Public.

Please note the following:

If you are seeking medical and/or mental health treatment records and the person was released prior to 1992, please address your request to the Department of Correction Health Service Division P.O. Box 426, Bridgewater, MA 02324 or (508) 279-8612. If the person was released after 1992, you must contact that facility's Health Service Unit from which he/she was released. For educational records please contact Inmate Training and Education at P.O. Box 71, Framingham, MA 01704 or (508) 935-0901. If you are in need of Sex Offender treatment records please contact the Massachusetts Treatment Center at 30 Administration Road, Bridgewater, MA 02324 or (508) 279-8100.

Also, please note: the Department of Correction charges .20 cents per page copied, a fee of \$_____ for postage and \$16.00 an hour for Search and Segregation Time. However, no charge shall be made if the total fee for copying services would not exceed \$2.00.

Please provide the following information:

Inmate/Ex-inmate name: _____

Commitment number(s) (if known): _____

DOB: _____ Social Security Number: _____

Alias names (if applicable): _____

Below, please list the information being requested:

Please see enclosed Subpoena or Letter Request for information to be disclosed.

Identification of individual authorized to inspect and/or copy the criminal record.

a. Name: **RECORDS DEPOSITION SERVICE, INC.**

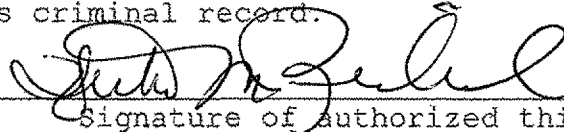
Last First Middle

Address:

PO BOX 5054, SOUTHFIELD, MI 48086-5054 P: 248-357-3330 F: 248-357-3337

I hereby swear or affirm under the penalties of perjury that the above information is correct; that I have been authorized to inspect and/or receive the criminal record of the individual; and that I will not use this authorization for the purpose of gaining access to any other person's criminal record.

Date



VICTORIA M. RICHMOND

Signature of authorized third party

III. Name of Department of Correction employee present at inspection.

a. Name: _____

Last First Middle

Signature: _____

Date

Title/Facility:

b. Date of Inspection : _____ / _____ / _____ am/pm
Month Day Year Time

c. Exceptions taken, if any, as to accuracy, completeness, contents, mode of maintenance and/or dissemination of the information reviewed. Describe in detail in the space below:

PLEASE LIST THE INFORMATION BEING REQUESTED

Please see enclosed Subpoena or Letter Request for information to be disclosed.

This form must be retained and stored in the
institutional inmate record in section 1.

Please note: For former inmates, a notarized signature is
required.

AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC
(FOR EX-INMATES ONLY)

_____, ss

The above-named _____, appeared
before me, the undersigned

Authority, this _____ day of
_____, 201__ and acknowledged the
foregoing signature to be made of his or her own true
free act and deed.

Notary Public

My Commission expires