



Massachusetts Department of Criminal Justice Information Services

Victim Services Unit

200 Arlington Street, Suite 2200, Chelsea, MA 02150

Phone Number 617.660.4690 Fax Number 617.660.5973

mass.gov/cjis/vsu

- *Check one: Request for Notice of Offender Release, Request for Access to CORI, Change of address only

*Denotes Required Field

Section A: APPLICANT INFORMATION

*Print Applicant Name: (Last) (First) (Middle) (Suffix)

Formerly Known As/Other Names: (Last) (First) (Middle) (Suffix)

(Last) (First) (Middle) (Suffix)

*Mailing Address 1: (Street No. and Name or PO Box Number) (City) (State) (Zip Code) (Country)

Mailing Address 2: (Apt., Building or Box No.) (In Care of Name)

Residential Address: (If Different) (Street No., Street Name, Apt., or Building) (City) (State) (Zip Code) (Country)

Home Phone Number: Work Phone Number:

*Telephone: (One No. Mandatory) Cell Phone Number: Alternate Phone Number:

Applicant agrees to receive communications by e-mail. Applicant E-mail Address:

*Applicant Date of Birth: Last four digits of Social Security Number:

Gender: Female Male Ethnicity: Asian Hispanic Non Hispanic Unknown

Race: American Indian Asian Black White Unknown

Special Accommodations Required:

*Applicant Type: Victim Family Member Concerned Citizen Witness

*Print Minor Witness Name: (Last) (First) (Middle)

Section B: VICTIM INFORMATION

*Print Victim Name: (Last) (First) (Middle)

*Victim Date of Birth:

- *Applicant Relationship to Victim: Parent/Guardian of the minor victim+, Stepparent of minor victim+, Parent/Guardian of incompetent victim+, Stepparent of incompetent victim+, Parent/Guardian of deceased victim+, Stepparent of deceased victim+, Parent/Guardian of deceased victim's minor child+, Sibling of minor victim+, Parent/Guardian of incompetent victim's minor child+, Sibling of incompetent victim+, Parent/Guardian of adult victim (Minor at time of crime), Sibling of deceased victim+, Family member of adult victim, Cousin of deceased victim, Niece/Nephew of deceased victim, Child of incompetent victim+, Aunt/Uncle of deceased victim, Child of deceased victim+, Dependent person of incompetent victim+, Stepchild of incompetent victim+, Dependent person of deceased victim+, Stepchild of deceased victim+, Spouse of deceased victim+, Grandchild of deceased victim, Spouse of incompetent victim+, Grandparent of deceased victim, Offender's ex-spouse, Offender's relative, No Relation, Partner of deceased victim, Person with whom the deceased victim lived in a relationship similar to marriage

Section C: OFFENDER INFORMATION

*Print Offender Name: _____
(Last) (First) (Middle) (Suffix)

Alias Names: _____
(Last) (First) (Middle) (Suffix)

_____ (Last) (First) (Middle) (Suffix)

*Offender Date of Birth: *Offender Social Security Number:

Ethnicity: Asian Hispanic Non Hispanic Unknown *Offender Gender: Female Male
(Check One) (Check One)

Race: American Indian Asian Black White Unknown
(Check One)

*Massachusetts Probation Central File (PCF) Number:

Section D: CASE INFORMATION

(*See documentation requirements on Page 3)

*Docket Number: _____ Commitment Number: _____
Housing Facility/

*Custodial Agency: _____ Supervising Agency: _____

Section E: ADVOCATE INFORMATION

Print Advocate Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street No. and Name or PO Box Number) (City) (State) (Zip Code)

Advocate County: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

Section F: CHANGE OF ADDRESS

*Approved File/Certification#: _____

*Print Applicant Name: _____
(Last) (First) (Middle) (Suffix)

*New Mailing Address 1: _____
(Street No. and Name or PO Box Number) (City) (State) (Zip Code) (Country)

New Mailing Address 2: _____
(Apt., Building or Box No.) (In Care of Name)

New Residential Address: _____
(If Different) (Street No., Street Name and Apt., or Building) (City) (State) (Zip Code) (Country)

*Telephone : _____
(Please supply a contact number for questions)

Section G: TERMS AND CONDITIONS

Providing Information: The information requested is necessary to process your request for victim services and is voluntary. Failure to provide any of the information requested may prevent the DCJIS Victim Services Unit from processing your application. All information will remain confidential.

Concerned Citizen Condition: By selecting Applicant Type Concerned Citizen (Citizen Initiated Petition), I attest, under penalty of perjury, that my safety is in jeopardy. Submitting this application with my signature is evidence of my testament.

Section H: APPLICANT SIGNATURE

(*Advocate may sign/submit on behalf of applicant)

*Signature of Applicant: _____ *Date: _____

MAIL OR E-MAIL COMPLETED FORM TO:

Massachusetts Department of Criminal Justice Information Services
Victim Services Unit
200 Arlington Street, Suite 2200, Chelsea, MA 02150

VNR.info@state.ma.us



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INSTRUCTIONS

Questions? Call the DCJIS VSU at (617) 660-4690 for assistance!

Read the following instructions carefully before filling out the application form so that it can be processed correctly.

Check one of the three boxes at the top of the application form to indicate if this is a **Request for Notice of Offender Release, Request for Access to CORI (Criminal Offender Record Information),** or **Change of address only.** If you check the "Change of address only" box, complete section F only.

Section A: APPLICANT INFORMATION

Clearly print your name, formerly known as/other names (*if you have any*), mailing address, residential address (*if different*), telephone number where you can be reached, and e-mail address (*if you prefer to be contacted by e-mail in lieu of standard mail*).

Enter your date of birth.

Applicant Type: Check the box that most accurately describes your relationship to the offender: Victim, Witness, Concerned Citizen (Citizen Initiated Petition), or Family Member. **If you are a Parent/Guardian of a minor witness, please provide the minor witness name.*

Applicant Relationship to Victim: If your Applicant Type is not Victim or Witness, check the box that most accurately describes your relationship to the victim.

Provide as much additional information as you have (e.g. last four digits of social security number, gender, ethnicity, race, and special accommodations). Please note that providing this information is optional.

Note: It is your responsibility to keep the DCJIS VSU informed of changes to your personal information.

Section B: VICTIM INFORMATION

(Complete Section B only when Applicant Type is Family Member)

Clearly print the victim name.

Enter victim date of birth.

Check the box that most accurately describes your relationship to the victim.

Section C: OFFENDER INFORMATION

Clearly print offender name and offender alias names (*if any*).

Enter offender date of birth and social security number. Check the box that most accurately describes the offender's gender. Enter the offender's Massachusetts Probation Central File (PCF) Number.

Provide offender ethnicity and race (*if available*).

Section D: CASE INFORMATION

Note: Provide as much information as you can in this section so we can be sure that we have the correct offender involved in your case. Clearly print the docket number. *Docket number and *Custodial Agency are required to fully process your application for Notice of Offender Release. Custodial Agency is not required for Access to CORI applications.

If you do not have a docket number, you must provide related case information. Any one (1) of the following items qualifies as related case documentation: Police Report; District Attorney Summons; or Letter from a Prosecutor Victim Witness Advocate. If you do not have a Docket Number, attach your related case documentation to your completed application and mail it to the DCJIS Victim Services Unit at the address above.

Provide any optional information you have for housing facility/supervising agency, custodial agency, and commitment number.

Section E: ADVOCATE INFORMATION

Clearly print your advocate's name (*if you have one*), mailing address, county, telephone number, fax number, and e-mail address (*if available*).

Section F: CHANGE OF ADDRESS

Clearly print your approved file/certification #, name, new mailing address, new residential address (*if different*), and telephone number where you can be reached if necessary.

Section G: TERMS AND CONDITIONS

The Victim Rights Law (M.G.L. c. 258B) allows victims, witnesses, and family members of minor, deceased, or incompetent victims to be notified by the appropriate custodial authority whenever the offender is transferred to a less secure facility, escapes from custody, or receives a temporary, provisional, or final release. In addition, any person who reasonably believes that his/her safety is at risk from an offender may apply for notification. The Criminal Offender Record Information (CORI) Law (M.G.L. c.6, s.178A) mandates that victims, witnesses, family members of deceased, incompetent, or minor aged victims, and parent/guardians of minor witnesses shall, upon request, be certified to receive CORI from criminal justice agencies. The CORI Law also mandates that any person who reasonably believes that his/her physical safety is at risk by an inmate shall, **upon request**, be notified, in advance, of an offender's release under a **Citizen's Initiated Petition** (Concerned Citizen).

Section H: APPLICANT SIGNATURE

You must sign and date the form for DCJIS VSU to process. Forms without a signature will be returned.