

**REQUEST TO CORRECT CLERICAL
ERROR IN ELECTRONIC DOCKET ENTRY
(TRIAL COURT RULE XIV, RULE 6)**

DOCKET NUMBER(S)

**Massachusetts
Trial Court**



CASE NAME v.	COURT DEPARTMENT (Select only one court.) <input type="checkbox"/> Boston Municipal Court <input type="checkbox"/> District Court <input type="checkbox"/> Housing Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> Land Court <input type="checkbox"/> Probate & Family Court <input type="checkbox"/> Superior Court
	COURT DIVISION OR COUNTY

*This form is for a party or nonparty to ask the Clerk, Register, or Recorder to correct only a **clerical error in the electronic docket**. It is **not** for asking the court to change a ruling or order. Submit this completed form to the Clerk's, Register's, or Recorder's office where the court record in question is physically located and to all parties.*

Person Making Request:

First name	Middle Name	Last Name
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1. I ☐ am ☐ am not one of the parties to this case. If you are not a party, describe your relationship to the case.

2. I believe there is a clerical error in the electronic record of the above-named case, and I am asking the Clerk, Register, or Recorder to review the electronic record described below.

3. Please describe the clerical error:

Suggested correction:

Please use the space below to provide additional information if necessary:

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Please print or type all of 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

DATED

SIGNATURE

Certificate of Service

I hereby certify, under the penalties of perjury, that on _____, I served a copy of this completed form by:

☐ Hand Delivery ☐ Mail ☐ E-mail

upon the following person(s) and address(es). (*Send a copy to the attorney of record for each party. If the party has no attorney, send a copy directly to the self-represented party. Attach a separate page if more space is necessary.*)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

SIGNATURE

DATED

PRINTED NAME

For Court Use Only

Action taken by:

Signature of Clerk, Register, or Recorder (or Designee)

Date/Time

☐ Correction made.

☐ Correction NOT made because the request does not involve a clerical error.