

THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY Department of Criminal Justice Information Services 200 Arlington Street, Suite 2200, Chelsea, MA 02150 TEL: 617-660-4600 | TTY: 617-660-4606 | FAX: 617-660-4613 mass.gov/cjis



CRIMINAL OFFENDER RECORD INFORMATION (CORI) FEE WAIVER REQUEST FORM

An organization may request a waiver of the CORI request fee. To qualify for a fee waiver, the organization must meet the criteria developed by the DCJIS and posted on our web site at http://mass.gov/cjis. Please note: Government agencies are fee waived; only non-government organizations should use this form.

To request a waiver of the CORI request fee, please complete all of the fields on this form. The answers you provide to the four qualifying questions will determine whether a fee waiver will be allowed. The completed form must be returned to the DCJIS at the address above, ATTN: Legal Department.

| Organization Name: | | | | |
|---|--------------------------------------|-----------------------------------|-----------|----------------|
| Mailing Address: | Street Number & Name/P.O. Box Number | | | Apt./Bldg/Unit |
| | City | State | | Zip |
| Contact Name: | | | | |
| Contact Phone: | | | | |
| Contact E-Mail: | | | | |
| Fee Waiver Qualification Questions: 1. Is your organization certified as a 501C entity? Yes | | | | No |
| 2. Does your organization provide one or more programs or Area activities for children, for the elderly, and/or for the disabled? | | | | No |
| 3. What is the average annual percentage of volunteers in your organization? | | | | <u>%</u> |
| 4. What is the | average annual p | program fee charged by your organ | nization? | _ |

I swear, under the pains and penalties of perjury, that the information provided in this application is true and accurate to the best of my knowledge and understanding.

Signature