

Juvenile Request Form Policy

A Juvenile Cari Request form can only be filled out and signed by the child requesting the Court Activity Record Information. This is needed for your child to volunteer at Kamp Konk. Please download the attached form and directions and mail to the Boston office listed ASAP. They will mail it to Kamp Konk. This needs to be received by the camp prior to the opening date of Kamp Konks Summer Session that your volunteer plans to work. The request is free and only requires a copy of a School ID and a copy of your Birth Certificate. If a school ID is not available any ID with your picture and Name on it will due ie. Library card etc. **Please mail those 3 items (They do not need originals) to the Boston office. This Form Cannot be signed by the guardian only by the JUVENILE REQUESTING RECORD.**

3 Items to be Mailed:

1. CARI FORM Filled out
2. Copy of Photo ID or any picture ID with first and last name on it.
3. Copy of Birth Certificate

By Signing this I _____ hereby acknowledge and provide permission _____ (Your Signature) to Earl Queenan, on behalf of Kamp Konk LLC . I also would like my request mailed to Kamp Konk LLC. at 518 Central Ave Seekonk Ma. 02771.

JUVENILE CARI REQUEST
(for use by offenders only)

If you would like to obtain a copy of your CARI (Court Activity Record Information) from your **Juvenile** cases, you must complete the entire form below and mail it with a self-addressed, stamped envelope to:

**Massachusetts Probation Service
One Ashburton Place, Room 405
Boston, MA. 02108
Attn: Records Unit**

FULL NAME (print) _____

Other names (aliases/maiden) _____

Street Address (current) _____

City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth _____

Social Security Number _____

Mother's Name (first, maiden, last) _____

Father's Full Name _____

By signing below, I authorize the Massachusetts Probation Service to access my juvenile CARI, print it and mail it to the address I have provided above.

I have attached a copy of my current driver's license or other current photo identification to verify I am the person named above and in CARI.

YOUR Signature _____ **Date** _____

To request a copy of your **Adult** CORI, please make your request to the Department of Criminal Justice Information Services (DCJIS) at 617-660-4600.