

By Signing this I _____ hereby acknowledge and provide permission _____ (Your Signature) to Earl Queenan Camp Director, on behalf of Kamp Konk Inc. I also would like my request mailed to Kamp Konk at 27 Berson 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.