

# Mystic Valley Medical Reserve Corps

## Sexual Offender Registry Investigation



All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

### REQUESTOR INFORMATION (TO BE COMPLETED BY AGENT OF THE MRC)

_____ Requestor's Name	_____ Date of Birth
_____ Street Address	_____ Phone Number
_____ City, State, Zip Code	

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

_____ Requestor's Signature	_____ Date
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I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

### APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT, PLEASE PRINT)

_____ Last Name	_____ First Name	_____ Middle Name
_____ Maiden Name or Alias, If Applicable		
_____ Address	_____ Date of Birth	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height: _____ ft. _____ in.	Weight: _____ Eye Color: _____

\*\*\*\*\* WARNING \*\*\*\*\*

**SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178P FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS ( M.G.L. C. 275, § 4).**