



# AFFIDAVIT OF INDIGENCY<sup>1</sup>

Submitted with Personal Criminal Record Request

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and number) (City or town) (State and Zip)

Following the scheme of General Laws c. 261, §§ 27A et seq., applicant swears (or affirms) as follows:

**[Check only one.]**

1. Applicant is indigent in that he/she is a person:

\_\_\_\_\_ (a) who receives public assistance under Massachusetts Transitional Aid to Families with Dependent Children (TAFDC), Massachusetts Emergency Aid to Elderly, Disabled, and Children (EAEDC), Federal Supplement Security Income (SSI), Massachusetts MassHealth (formerly Medicaid), or Massachusetts Veterans' Benefits; **or**

\_\_\_\_\_ (b) whose income, less taxes deducted from his/her pay is \_\_\_\_\_ per week/month/year (circle period that applies), for a household of \_\_\_\_\_ persons, consisting of myself and \_\_\_\_\_ dependents; which income is at or below 125% or less of the current poverty threshold annually published in the Federal Register by the U.S. Department of Health and Human Services; [List any other available household income for the circled period on this line: \_\_\_\_\_] **or**

\_\_\_\_\_ (c) who is unable to pay the fees and costs without depriving himself or his dependents of the necessities of life, including food, shelter and clothing.

**IF YOU CHECKED (c), YOU MUST ALSO COMPLETE THE SUPPLEMENT TO THE AFFIDAVIT OF INDIGENCY.**

2. Applicant requests that the following fee be waived:

**\$25 fee for personal CORI request**

Signed under the penalties of perjury:

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED CRIMINAL HISTORY SYSTEMS BOARD PERSONNEL.**

<sup>1</sup>This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

**SUPPLEMENT TO AFFIDAVIT OF INDIGENCY<sup>2</sup>**  
Submitted with Personal Criminal Record Request

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street and number) (City or town) (State and Zip)

Under the provisions of General Laws c. 261, §§ 27A-G, the applicant swears (or affirms) as follows:

**1. PERSONAL INFORMATION**

(a) Date of birth: \_\_\_\_\_

(b) Highest grade attained in school: \_\_\_\_\_

(c) Special training: \_\_\_\_\_

(d) List any physical or mental disabilities: \_\_\_\_\_

(e) Number of dependents: \_\_\_\_\_

**2. INCOME AFTER TAXES (monthly)**

Gross monthly income: \$ \_\_\_\_\_

(a) If from employment, list your occupation and your employer's name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Source of income, if not from employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) My gross annual income for the past twelve months was: \$ \_\_\_\_\_

\_\_\_\_\_

<sup>2</sup> This form was adapted from the form prescribed by the Chief Justice of the SJC under Massachusetts General Laws, chapter 261, §27B.

(d) Gross Income (monthly): \$ \_\_\_\_\_

(e) Taxes Deductions (monthly)

Federal Tax: \$ \_\_\_\_\_ State Tax: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_ Health Insurance: \$ \_\_\_\_\_

Medicare: \$ \_\_\_\_\_ Pension: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Deductions (monthly):

\$ \_\_\_\_\_

(f) Net Income (monthly) (gross income minus total deductions): \$ \_\_\_\_\_

(g) If applicant's spouse or any other member of applicant's household is employed, list occupation and name and address of his/her employer and monthly income after taxes:

\_\_\_\_\_

**3. NET INCOME (monthly):**

(a) Income After Taxes (from Line 2(f)):

(b) Expenses (monthly):

Rent or Mortgage: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Utilities (electricity, gas, oil, water, telephone) \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ Uninsured Medical Expenses \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_ Education Expenses for Children \$ \_\_\_\_\_

Other Expenses (i.e. transportation, laundry, car insurance, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Expenses (monthly):** \$ \_\_\_\_\_

(c) Net Income Minus Taxes and Expenses (monthly): \$ \_\_\_\_\_

**4. ASSETS**

(a) Own home? \_\_\_\_\_ Market value: \$ \_\_\_\_\_

Balance owed \$ \_\_\_\_\_

(b) Own car? \_\_\_\_\_ Year and Make: \_\_\_\_\_

Market value: \$ \_\_\_\_\_

Balance owed: \$ \_\_\_\_\_

(c) Bank Accounts (specify type and balance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Other property including real estate (specify type and value)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. DEBTS**

(a)

Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. MISCELLANEOUS**

(a) Other facts that may be relevant to applicant's ability to pay fees and costs?

Signed under the penalties of perjury:

Signature of applicant: \_\_\_\_\_

Typed/Printed name of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

ALL INFORMATION CONTAINED HEREIN IS CONFIDENTIAL. IT SHALL NOT BE DISCLOSED TO ANY PARTY OTHER THAN AUTHORIZED DEPARTMENT OF CRIMINAL JUSTICE INFORMATION SERVICES PERSONNEL.



# Guardian Angels Application



### Personal Information:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Aliases/Other Names/Nicknames \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Other Phone \_\_\_\_\_

Occupation/Student \_\_\_\_\_ Name of workplace/school \_\_\_\_\_

How did you hear about the local Guardian Angels? \_\_\_\_\_

Why do you want to become a Guardian Angel? \_\_\_\_\_

What programs are you interested in? Patrol \_\_\_ Administration \_\_\_ Youth \_\_\_ Self-defense \_\_\_

Marketing/Media \_\_\_ Fundraising \_\_\_ Community Service \_\_\_ Travel \_\_\_ Public speaking \_\_\_

Do you have any specialized skills, certifications, interests, or hobbies? \_\_\_\_\_

What is the highest level of your education? \_\_\_\_\_

Which foreign languages do you speak or understand? \_\_\_\_\_

If you are interested in patrolling, are you at least 16 years old? \_\_\_\_\_

Have you ever been a member of the Guardian Angels? \_\_\_\_\_

If yes, explain when, where, and reason for leaving \_\_\_\_\_

Answering "yes" to any of the following questions may not necessarily disqualify you from membership:

Have you ever been convicted of a criminal offense other than minor traffic violations? \_\_\_\_\_

If yes, please explain when, where, type of crime, punishment, and current probation or parole status:

\_\_\_\_\_  
\_\_\_\_\_

Probation or parole officer \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently affiliated with any gangs, hate groups, or organizations involved in or promoting crime? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

(Guardian Angels Application continued)

Are you applying for the purpose of news or intelligence gathering; investigative; or research work? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you bought, used, or sold any illegal substances in the past 5 years? \_\_\_\_\_ If yes, please explain when and what types of substances \_\_\_\_\_

Do you have any medical condition that could possibly interfere with your ability to maintain mental alertness or participate in strenuous physical exercises? \_\_\_\_\_

**Emergency Contact/First Reference:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship/Co-worker/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Second Reference:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship/Co-worker/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Third Reference:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship/Co-worker/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I certify that the information provided is true and complete to the best of my knowledge and understand that providing false or misleading information may result in disqualification or dismissal.

I authorize you to contact the references listed herein. I authorize the references listed herein to provide you with information regarding my application and character. I also authorize you to conduct a criminal background investigation for the purpose of verifying eligibility for membership.

I understand that if accepted, I will be required to abide by all rules and regulations of the Guardian Angels.

I understand that if I participate in patrol activities, I will be required to undergo progressively strenuous and intense training exercises. I will also be required to patrol in hazardous areas with high levels of criminal activity and assist those in need when safe to do so.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## Guardian Angels Waiver And Consent Form

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**PART I: To be filled out by applicants age 18 or over.**

I, the undersigned \_\_\_\_\_ hereby release the Guardian Angels from all responsibility for any and all injuries I might incur while in training, on patrol, or in any other Guardian Angels group function. I realize and accept that I am fully responsible for my own medical expenses.

I have read, understood, and approved the above agreement and affixed my signature underneath to attest it.

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**PART II: This is to be filled in by the parent(s) or legal guardian(s) of any trainee less than 18 years of age.**

### PARENTAL PERMISSION

We the undersigned parent(s) or guardian(s) of \_\_\_\_\_ hereby give our permission for his/her participation in Guardian Angels activities.

We release the Guardian Angels from any responsibility or liability for any and all injuries he/she might incur while participating in Guardian Angels activities. We realize and accept that we are fully responsible for his/her medical expenses.

We have read, understood, and approved the above agreement and affix our signature(s) below to attest it.

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Witness Name \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_