


NEW SEALING FORM FOR SEALING CASES IN COURT (G.L. c. 276, § 100C)

<b>FOR NOLLE PROSEQUI OR DISMISSAL</b>		<b>Massachusetts Trial Court</b> 
Use this form to ask the court to seal criminal records for charges that resulted in a "nolle prosequi" or that the court dismissed. Use a separate form for each case.		
<b>DOCKET NUMBER</b>	<b>COURT DEPARTMENT</b> <input type="checkbox"/> Boston Municipal Court <input type="checkbox"/> Juvenile Court <input type="checkbox"/> District Court <input type="checkbox"/> Superior Court	<b>COURT DIVISION/COUNTY</b>
<b>YOUR INFORMATION</b>		
Your Name: _____		
Date of Birth: _____		
Address: (street, city, state, zip code) _____		
Phone Number: _____		
Probation Central File (PCF) Number: _____		
<b>RECORDS YOU WANT SEALED</b>		
Provide the following information for the records you want sealed. If you need more room, use the Continuation Sheet on Page 3. Check here <input type="checkbox"/> if you use the Continuation Sheet.		
Charge (list each charge on a separate line)	State Whether the Court Entered a Nolle Prosequi or Dismissed the Charge	Date of Nolle Prosequi or Dismissal
1.	▼	
2.	▼	
3.	▼	
4.	▼	
5.	▼	
6.	▼	
7.	▼	
8.	▼	
9.	▼	
10.	▼	
11.	▼	
12.	▼	
13.	▼	
14.	▼	

continued on next page

Provide the following information for the records that you want the court to seal, for each criminal charge that ended in a nolle prosequi or dismissal.

Charge (list each charge on a separate line)	State Whether the Court Entered a Nolle Prosequi or Dismissed the Charge	Date of Nolle Prosequi or Dismissal
15.	<input type="checkbox"/>	
16.	<input type="checkbox"/>	
17.	<input type="checkbox"/>	
18.	<input type="checkbox"/>	
19.	<input type="checkbox"/>	
20.	<input type="checkbox"/>	
21.	<input type="checkbox"/>	
22.	<input type="checkbox"/>	
23.	<input type="checkbox"/>	
24.	<input type="checkbox"/>	
25.	<input type="checkbox"/>	
26.	<input type="checkbox"/>	
27.	<input type="checkbox"/>	
28.	<input type="checkbox"/>	
29.	<input type="checkbox"/>	
30.	<input type="checkbox"/>	
31.	<input type="checkbox"/>	
32.	<input type="checkbox"/>	
33.	<input type="checkbox"/>	
34.	<input type="checkbox"/>	
35.	<input type="checkbox"/>	
36.	<input type="checkbox"/>	
37.	<input type="checkbox"/>	

Answer the following questions as specifically as possible. If any question is not relevant to you, explain why. If you need more space, attach additional pages. Also, attach any documents that support your petition to seal.

How may the records affect your ability to get or keep a job, or affect whether you rely on public assistance?

How may the records affect your ability to advance economically or professionally?

What attempts have you made to get a job?

How may the records affect your ability to obtain or keep housing?

How may the records affect your ability to participate in community or volunteer activities?

What community or civic activities are you involved in?

Did you successfully complete a probationary term or treatment for a mental health condition or substance use disorder?

Have you avoided additional contact with the criminal justice system?

Have you achieved any particular accomplishments?

By signing below, I am asking the court to enter an order sealing the records of the criminal charges listed in this petition. I know that I may be penalized for perjury if the information in this petition is not truthful.

MY SIGNATURE

DATE

**COURT ORDER (for Court use only)**

The court will hold a hearing on the petition on this date \_\_\_\_\_ at this time \_\_\_\_\_ (at least 7 days after the filing of the petition). The Clerk-Magistrate must give notice of the hearing to the Probation Service and to the appropriate prosecutor's office, who should notify any victim(s) that they may attend and speak at the hearing. The Clerk-Magistrate must post a copy of this petition on a public bulletin board until the hearing.

JUSTICE'S SIGNATURE

DATE