Commonwealth of Massachusetts Sex Offender Registry Board

M.G.L. c. 6, § 1781 REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on	
this form and mailed to the Sex Offender Registry Board.	SORE USE ONLY
Attn: SORI Coordinator, 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	70.5
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's name: Matthew Chia	0 /12/71/
	Date of birth: 2/13/74
Organization name: (if any) Tous of Welksley	
Address: 90 Washinglaw St.	Telephone number: W) 235 2376
wellesty i MA, 02481	Totelhous number, (V/) 2 3 3
- 00 9/C 3/1 9 / M19 1 C/24 8 /	
I swear under the pains and penalties of periory 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 as	ge, or for the protection of another person for whom I have responsibility,
care or custody.	, ,
Requestor's signature:	Date:
I hereby request that the following information be used to determine whether	r the identified individual is a sex offender required to register in Massachusetts.
Subject's LAST NAME: .	
Subject's FIRST NAME:	
Subject's MIDDLE INITIAL:	
Budect & KIDDER HALLIAD:	
Date of birth or approximate age:	
M M D D Y	Y Y Y AGE
Address (PRINT):	
Maria movement	
ersonal identifying characteristics:	
ex: Race: Height: Weight: E	re Colore
Trace' Tracking Marketing Marketing	ye Color: Hair Color:
other information (e.g. license plate number, parents' names, etc.):	

f additional information is needed, please contact the Requestor at the telephone number above:

EX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR LARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M. G.L. C. 6, §§ 178C – 178Q FOR SUCH URPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 ½) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE HAN ONE THOUSAND DOLLARS (\$100.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO HREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR OT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).