MASSACHUSETTS TRIAL COURT

PROBATE AND FAMILY DEPARTMENT

CARI REQUEST FORM

COMPLETED BY: DATE:

CASE NAME DOCKET #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COURT DIVISION: JUDGE:

TYPE OF PROCEEDING: ADOPTION NAME CHANGE

 GUARDIANSHIP OF INCAPACITATED GUARDIANSHIP OF MINOR

Type of Hearing Hearing Date:

NAME OF: PLANITIFF/PETITIONER/PROPOSED GUARDIAN

NAME

FORMER NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

SS# Date of Birth:

MOTHER’S MAIDEN NAME:

FATHER’S NAME:

FOR PROBATION USE ONLY:

CARI CHECK

 NO RECORD

 RECORD (SEE ATTACHED) WMS CHECK:

 INSUFFICIENT INFORMATION NO WARRANTS

 ACTIVE WARRANTS(S) (SEE ATTACHED)

COMMENTS/REMARKS:

INITIALS: DATE: