

**MASSACHUSETTS TRIAL COURT
PROBATE AND FAMILY DEPARTMENT**

CARI REQUEST FORM

Completed by: _____ Date: _____

Case Name: _____ Docket Number: _____

Court Division: _____ Judge: _____

- TYPE OF PROCEEDING:**
- | | |
|--|--|
| <input type="checkbox"/> ADOPTION | <input type="checkbox"/> NAME CHANGE |
| <input type="checkbox"/> GUARDIANSHIP OF INCAPACITATED | <input type="checkbox"/> GUARDIANSHIP OF MINOR |

Type of Hearing: _____ Hearing Date: _____

NAME OF: PLAINTIFF/PETITIONER/PROPOSED GUARDIAN

Name: _____

Former Name(s): _____

Address: _____

Social Security Number: _____ Date of Birth: _____

MOTHER'S BIRTH NAME: _____

FATHER'S NAME: _____

FOR PROBATION USE ONLY:

CARI CHECK:

- NO RECORD
- RECORD (SEE ATTACHED)
- INSUFFICIENT INFORMATION

WMS CHECK:

- NO WARRANTS
- ACTIVE WARRANT(S) (SEE ATTACHED)

COMMENTS/REMARKS:

INITIALS: _____ Date: _____