



## Massachusetts POST Commission

84 State Street, Suite 200, Boston, MA 02109

### Voluntary Relinquishment of Certification Application Form

*Please review the attached Policy on Voluntary Relinquishment before completing this form.*

#### SECTION 1: APPLICANT INFORMATION

- Full Name: ROBERT V. CHOQUETTE II
- Date of Birth: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

VOLUNTARY RELINQUISHMENT UPON RETIREMENT

#### SECTION 2: CERTIFICATION DETAILS

- Certification Number (if known): CHO-R2022-2516275
- Issuing Jurisdiction(s): MASS. STATE POLICE
- Date of Initial Certification: 2022

#### SECTION 3: LEGAL AND PROFESSIONAL HISTORY

Please disclose whether you have experienced any of the following in any jurisdiction. Attach additional pages as needed.

1. Have you ever been arrested?

☐ Yes ☒ No

◦ If yes, provide dates, charges, outcomes: \_\_\_\_\_

2. Have you ever been subject to any criminal prosecution?

☐ Yes ☒ No

◦ Details: \_\_\_\_\_

Have you been subject to a restraining order or court order that restricted your conduct or was based on your conduct?

☐ Yes ☒ No

o Details: \_\_\_\_\_

3. Have you been involved in any civil or administrative agency actions related to:

o Law enforcement service? ☒ Yes ☐ No

o Alleged conduct involving:

- Unlawful bias? ☐ Yes ☒ No
- Civil rights violations? ☐ Yes ☒ No
- Violence, abuse, or excessive force? ☐ Yes ☒ No
- Prejudice to justice? ☐ Yes ☒ No
- Injury or death? ☐ Yes ☒ No

If yes to any, provide complete details, including allegations, actions taken, and compliance outcomes:

2017: UNSATISFACTORY PERFORMANCE, 2010: OTHER MISCONDUCT

#### SECTION 4: TERMS ACKNOWLEDGMENT

By signing this form, I acknowledge and agree that:

- I have read, understood, and agree to the terms of the Policy on Voluntary Relinquishment of Certification.
- I understand that upon relinquishment, I will be ineligible for appointment, employment, or engagement in any law enforcement capacity in Massachusetts.
- I understand that relinquishment is not the same as decertification and that the POSTC retains authority to take future action based on past conduct.

#### SECTION 5: ATTESTATION

I hereby certify under the pains and penalties of perjury that all information provided in this application is true, complete, and accurate to the best of my knowledge.

Signature of Applicant:

[Signature]

Date:

5-30-25

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**POST INTERNAL RELEASE/AUTHORIZATION**

DIVISION OF CERTIFICATION \_\_\_\_\_ DATE \_\_\_\_\_

DIVISION OF STANDARDS \_\_\_\_\_ DATE \_\_\_\_\_

LEGAL \_\_\_\_\_ DATE \_\_\_\_\_

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_

COMMISSION AUTHORIZATION VOTE \_\_\_\_\_ DATE \_\_\_\_\_