

## Criminal Certificate of Disposition Request Form

To: \_\_\_\_\_ Court  
 Number & Street: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**NOTE:** The name, address and phone number of the court can be found by selecting the County and Court Type in the Court Locator at: <http://www.nycourts.gov/courts/index.shtml>

Please complete the information below to request a criminal Certificate of Disposition. You may either bring your completed form to the court in person, or you may mail the completed form to the court. A fee of five (\$5) dollars is required in courts located outside the City of New York, and a fee of ten (\$10) dollars is required in courts located within the 5 boroughs of the City of New York. When delivering your request in person, you may pay in cash or by certified check or money order, and you must provide a valid photo ID. When mailing your request, you must pay by certified check or money order (do not send cash in the mail), and the form must be notarized below.

**NOTE:** To avoid delays, contact the court and ask who your certified check or money order must be "payable to" before mailing this request form.

Requestor Information (only the defendant or the defendant's agent may use this form to request a Certificate of Disposition)	
Requestor	Date of Request: _____
	Name: _____
	Address: _____
	Phone: _____
	Email: _____
Role	<input type="radio"/> I am the Defendant
	<input type="radio"/> I am the Defendant's Agent (must provide notarized authorization from the defendant)
Receipt	<input type="radio"/> Please mail to the above address (must provide self-addressed stamped envelope)
	<input type="radio"/> I will pick up at court when notified
For Court Use Only	<input type="checkbox"/> Certificate of Disposition fee paid <input type="radio"/> Cash <input type="radio"/> Certified Check # <input type="radio"/> Money Order #
	<input type="checkbox"/> Proper ID provided (specify): _____
	<input type="checkbox"/> Written authorization provided (for Defendant's Agent only)
	<input type="checkbox"/> Self-addressed stamped envelope provided (for request to receive Certificate of Disposition by mail only)

Defendant Information			
Name	First: _____	Middle: _____	Last: _____
AKA(s)	_____		
Date of Birth	_____		
Sex	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown		

Case Identifiers (provide as much information as you can)			
Docket, Indictment, SCI or IDV Number	_____		
Arrest Number	_____		
Order of Protection Number	_____		
Certificate of Disposition Number	_____		
Criminal Justice Tracking Number (CJTN)	_____		
Complaint Number	_____		
Ticket Number	_____		
Other Identifiers (provide other identifiers if known)			
NYSID Number	_____		
Partial Docket Number	_____		
Motorist ID Number	_____		
Arrest Date	_____ or Date Range	from _____	to _____
Incident Date	_____ or Date Range	from _____	to _____
Address	_____		
License Plate Number	_____		
Charges	_____		
Other	_____		

**NOTE:** Form MUST be notarized when submitting a request by mail.

\_\_\_\_\_  
Signature of Requestor

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public