

## 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>

Complete the information below to request a Criminal Certificate of Disposition. You can either bring your form to the court in person or send it to the court by mail. The fee for a Criminal Certificate of Disposition is five dollars (\$5) in courts located outside New York City or ten dollars (\$10) in courts located in New York City's five boroughs. Contact the court to ask what payment methods are accepted. Do not send cash in the mail.

| Requestor Information                                                                                                                                                         |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Name:                                                                                                                                                                         | Date of Request: |
| Address:                                                                                                                                                                      | Phone:           |
|                                                                                                                                                                               | Email:           |
| I am the:      Defendant (must provide photo ID)<br>Defendant's Agent (must provide defendant's written authorization)<br>Defense Attorney<br>Prosecutor<br>None of the Above |                  |
| <i>For Defendant or Defendant's Agent ONLY:</i><br>I am requesting a certificate that includes information that may be sealed to the public.                                  |                  |
| I represent [ <i>if none, leave blank</i> ]:      OCFS      OMH      OPWDD      FBI/NICS                                                                                      |                  |
| Delivery of Certificate of Disposition:      Mail to the above address      Pick up at court when notified                                                                    |                  |

| Defendant Information |        |         |                               |
|-----------------------|--------|---------|-------------------------------|
| Name                  | First: | Middle: | Last:                         |
| AKA(s)                |        |         |                               |
| Date of Birth         |        | Sex:    | Male      Female      Unknown |

| Case Identifiers ( <i>You MUST provide at least one of the following case identifiers unless you are the Defendant or Defendant's Agent.</i> ) |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Docket, Indictment, or SCI Number                                                                                                              |  |
| IDV Number                                                                                                                                     |  |
| Arrest Number                                                                                                                                  |  |
| Order of Protection Number                                                                                                                     |  |
| Certificate of Disposition Number                                                                                                              |  |
| Criminal Justice Tracking Number (CJTN)                                                                                                        |  |
| Complaint Number                                                                                                                               |  |
| Ticket Number                                                                                                                                  |  |

| Other Identifiers ( <i>You MAY provide other identifiers if known. This is optional.</i> ) |  |               |      |    |
|--------------------------------------------------------------------------------------------|--|---------------|------|----|
| NYSID Number                                                                               |  |               |      |    |
| Partial Docket Number                                                                      |  |               |      |    |
| DMV ID Number                                                                              |  |               |      |    |
| Arrest Date                                                                                |  | or Date Range | from | to |
| Incident Date                                                                              |  | or Date Range | from | to |
| Address                                                                                    |  |               |      |    |
| License Plate Number                                                                       |  |               |      |    |
| Charges                                                                                    |  |               |      |    |
| Other                                                                                      |  |               |      |    |

**NOTE:** Individuals or agencies requesting a Criminal Certificate of Disposition or other criminal case information must provide at least one of the primary case identifiers above to identify the specific case containing the information. If you are unable to provide at least one primary case identifier or if you are requesting information this court is unable to provide, you may be referred to the court system's Criminal History Record Search Unit.

| **For Court Use Only**                 |    |                                         |              |                         |                                                        |
|----------------------------------------|----|-----------------------------------------|--------------|-------------------------|--------------------------------------------------------|
| YES                                    | NO | <b>Form completed</b>                   | YES          | NO                      | <b>Photo ID provided</b>                               |
| YES                                    | NO | <b>Primary case identifier provided</b> | YES          | NO                      | <b>Authorization provided (Defendant's Agent only)</b> |
| YES                                    | NO | <b>Fee paid</b>                         |              |                         |                                                        |
| <b>If YES, specify payment method:</b> |    | Cash                                    | Credit Card  | Certified Check # _____ | Money Order# _____                                     |
| <b>If NO, specify reason:</b>          |    | Fee Exempt Agency                       | Other: _____ | Poor Person Order       | Fee Determined by County Clerk                         |
| <b>Version provided:</b>               |    | Public                                  | Non-Public   | Qualified Agency        | None                                                   |