

OSWEGO CITY COURT

20 West Oneida Street

Oswego, NY 13126

(315) 343-0415

fax (315) 343-0531

Certificate of Disposition Fee - \$5.00 per Docket

I, _____, request this office prepare a Certificate of

Disposition for:

(Defendant's Name) _____

Defendant's DOB: _____

Approximate date of offense: _____

The original charge(s): _____

Signature

Address

City

Phone Number

I will pick up when completed

Mail to me when completed

Sealed records will not be released. If sealed records are required, please complete the following:

I _____ REQUEST THAT MY SEALED CRIMINAL
RECORD(S) MADE AVAILABLE TO _____ AND DESIGNATE HIM/HER TO BE
MY AGENT WITHIN THE MEANING OF SECTION 160.50 (1) (d) OF THE CRIMINAL PROCEDURE LAW.

DEFENDANT

STATE OF NEW YORK)
COUNTY OF OSWEGO) ss.:

ON THE _____, DAY OF _____, 20__ BEFORE ME PERSONALLY APPEARED
AND KNOWN TO ME TO BE THE INDIVIDUAL DESCRIBED IN AND WHO EXECUTED THE
FOREGOING AND HE/SHE ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME.

NOTARY

ID CHECKED - _____