STATE OF NEW YORK

APPLICATION BY AN ELIGIBLE OFFENDER FOR A CERTIFICATE OF RELIEF FROM CIVIL DISABILITIES

PLEASE PRINT

1. Applicant's Last Name: _____ First Name: _____ Middle Initial: _____

2. Address: _____ Street and Number _____ City, _____ State _____ Zip

3. Sex: ☐ Male ☐ Female

4. Race: ☐ Black ☐ White ☐ Other _____

5. Height: _____ft._____ in.

6. Date of Birth: MM____DD____YYYY_____

7. Crime or Offense of which convicted: _____

8. Date of Arrest: MM____DD____YYYY_____

9. Date of Sentence: MM____DD____YYYY_____

10. Court of Sentence: _____

11. If certificate being applied for is intended to replace an existing certificate, enter issue date of original certificate: Date: MM____DD____YYYY_____

12. Application is hereby made for a grant of a "CERTIFICATE OF RELIEF FROM CIVIL DISABILITIES" which will:

(Please Check One Box Only)

a. ☐ Relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or to be eligible for public office, by virtue of the fact that the certificate if issued at the time of sentence.

b. ☐ Relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office.

c. ☐ Relieve the holder of the forfeiture, disabilities or bars to employment hereinafter enumerated.

13. Please attach a statement explaining why you believe you are entitled to a Certificate of Relief From Civil Disabilities.

14. The applicant agrees to allow an investigation to be made to determine his/her fitness for a Certificate of Relief from Civil Disabilities, pursuant to Article 23 of the Correction Law.

Applicant's Signature: _____ Date: _____

State of New York County of_____

_____ being duly sworn, deposes and says that he/she is the applicant named in the within application; that he/she has read the foregoing application and knows the contents thereof, that the same is true to his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he/she believes it to be true.

_____
Applicant's Signature

Sworn to before me this _____ day of

_____, 20_____

_____
Notary Public