Oswego City Court
20 W Oneida St
Oswego, New York 13126
Phone: (315)207-7251 Fax: (315)266-4752

☐ Call when completed
☐ Return by mail

Cash (if appearing in person), Money Order or Certified Check (made payable to Oswego City Court), Credit Card (Visa, MasterCard or Discover) are acceptable forms of payment. PERSONAL AND/OR BUSINESS CHECKS ARE NOT ACCEPTED.

1. Requestor's Name:_____ Telephone:_____
   Address:_____
   City, State, Zip:_____
   I ☐ am ☐ am not the defendant in this case.

2. I am requesting a (check all that apply):
   ☐ Certificate of Conviction/Disposition ($5.00 per arrest)
   ☐ Copies ($.65/page, $1.30 min)
   Copies of what document(s): _____

3. You must provide one of the following identifiers:
   Arrest Number: _____
   Docket Number: _____
   Legacy Docket#/IDV#_____
   Order of Protection #_____
   Certificate of Disposition #_____
   CJTN:_____
   Complaint#_____
   Ticket #:_____

4. **(DEFENDANT ONLY)** <u>If you are the defendant, and you require a certificate that contains sealed records, please provide specific instructions below and complete Section 6.</u>
   _____
   _____

5. I authorize Oswego City Court to release the above information **directly** to:
   (if you are the defendant and wish the information to be returned to you, enter your name and address. If you are a third party or the defendant releasing directly to a third party, enter that information. If the matter is a Youthful Offender sealed case, the information will only be released to the defendant)
   Name: _____
   Address:_____
   City/St/Zip: _____

TO BE COMPLETED BY DEFENDANT - FOR SEALED RECORDS ONLY:

6. I further authorize Oswego City Court to release any and all information concerning this arrest occurring in the City of Oswego, New York, including, but not limited to, any records which may be sealed under CPL 160.50 (Dismissed in the Interest of Justice) or CPL 720 (Youthful Offender) and hold harmless and indemnify said court for release of such information.

_____ _____
(Signature before a Notary Public) (Print Full Name)

STATE OF NEW YORK :
COUNTY OF _____: SS.:

On this _____ day of _____, 20____, before me, the subscriber, personally appeared _____ to me personally known and known to me to be the same person described in and who executed the within instrument, and he duly acknowledged to me that he/she executed the same.

_____ Commission Expires_____
NOTARY PUBLIC