

Criminal Certificate of Disposition Request Form

To: Herkimer County Court
Number & Street: 301 North Washington Street
City, State & Zip: Herkimer, NY 13350
Phone: 315-619-3413

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 required 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: certified checks and money orders should be made payable to: **Herkimer County Clerk**

Requestor Information	
	Date of Request:
Requestor	Name:
	Address:
	Phone:
	Email:
Role	<input type="checkbox"/> I am the Defendant
	<input type="checkbox"/> I am the Defendant's Agent (must provide notarized authorization from the defendant)
Receipt	<input type="checkbox"/> Please mail to the above address (must provide self-addressed stamped envelope)
	<input type="checkbox"/> I will pick up at court when notified
For Court Use Only	<input type="checkbox"/> Certificate of Disposition fee paid <input type="checkbox"/> Cash <input type="checkbox"/> Certified Check# _____ <input type="checkbox"/> 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="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		

Case Identifiers (provide as much information as you can, but you MUST provide at least one of the following case identifiers)	
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 request by mail.

Signature of Requestor

Sworn to before me this ____
day of _____, 20____.

Notary Public