

Oswego City Court

20 W Oneida St, Oswego, New York 13126

Phone: (315)207-7251 Fax: (315)266-4752

Email: OSW_CITY_CT@nycourts.gov

Criminal Certificate of Disposition Request Form

Requestor Information		
Requestor	Name:	Date of Request:
	Address:	Phone:
		Email:
Role	<input type="checkbox"/> I am the Defendant or the Defendant's Agent	ID Provided:
	<input type="checkbox"/> As the Defendant or his/her Agent, I am requesting a certificate that includes information that may be sealed pursuant to CPL 160.50, 160.58, 720.15, 720.35 (Include Written Authorization)	
	<input type="checkbox"/> I am NOT the Defendant	
	I Represent: <input type="checkbox"/> OMH <input type="checkbox"/> OPWDD <input type="checkbox"/> FBI/NICS <input type="checkbox"/> OCFS	
Delivery	<input type="checkbox"/> Please mail to the above address	<input type="checkbox"/> I will pick up the certificate when notified
Court Use	<input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> NP <input type="checkbox"/> QA	

Defendant Information			
Name (Required)	First:	Middle:	Last:
AKA	First:	Middle:	Last:
Date of Birth	Month:	Day:	Year:
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		

Case Identifiers (Non-Defendant Requestors Must Identify at Least One)	
Docket Number	
Legacy Docket Number / IDV Number	
Arrest Number	
Order of Protection Number	
Certificate of Disposition Number	
Criminal Justice Tracking Number (CJTN)	
Complaint Number	
Ticket Number	
Other Identifiers (if available)	
NYSID Number	
Partial Docket Number	
DMV ID Number	
Arrest Date or Date Range	Month: Day: Year: (From) Month: Day: Year: (to) Month: Day: Year:
Incident Date or Date Range	Month: Day: Year: (From) Month: Day: Year: (to) Month: Day: Year:
Address	
License Plate Number	
Charges	
Other	

Note: Individuals or agencies requesting a Criminal Certificate of Disposition or other information contained in the records of a criminal action **must** provide the necessary case identifiers for court staff to identify the specific case or record where the information is contained. If you are unable to provide these necessary case identifiers or if you require information this court is unable to provide, you may be referred to the NYS Office of Court Administration's Criminal History Record Search Unit.

**Defendant Authorization to Include Sealed Information on
Criminal Certificate of Disposition**

Name: _____

Date: _____

As the defendant or the defendant's designated agent, understanding that sealed records are available only to the defendant or his/her agent or those specifically referenced in the CPL, I hereby authorize the Oswego City Court to prepare a Criminal Certificate of Disposition for the matter outlined on the attached Criminal Certificate of Disposition Request form including, but not limited to, any records or portions thereof, which may be sealed under CPL 160.50, 160.58, 720.15 or 720.35.

(Defendant's Signature before a Notary Public)

(Print Full Name)

Date of Birth: _____

Daytime Telephone No _____

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 executed the same.

NOTARY PUBLIC

My Commission Expires: