

Cortland City Court

25 Court Street, Cortland, NY 13045 cortlandcity@nycourts.gov ; phone 607-218-3300 fax 607-218-3299

Criminal Certificate of Disposition Request Form- Certificate of Disposition fee \$5.00 each

| Requestor Information | | |
|-----------------------|---|--------|
| Requestor | Name: | |
| | Address: | Phone: |
| | | Email: |
| Role | <input type="checkbox"/> I am the Defendant or the Defendant's Agent | |
| | <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 in this section) | |
|--|---|
| 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 - Defendant searches only provide as much information as possible in addition to any information provided above. | |
| 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: It is the policy of the NYS Office of Court Administration (OCA) that persons or agencies requesting a Criminal Certificate of Disposition or 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 that is beyond the scope that this court location is able to provide, you may be referred to OCA's Criminal History Record Search Unit or other state or local agencies.

Cortland City Court
City Hall
25 Court Street
Cortland, NY 13045
607-218-3300
Fax 607-218-3299

Elizabeth A. Burns
City Court Judge
Lawrence J. Knickerbocker
City Court Judge

Diana L. Davis
Chief Clerk
Janine Camillo
Deputy Chief Clerk

Memorandum

The fee for a Certificate of Disposition is \$5.00 per certificate. Payment must be made in the form of a certified check or money order **if being done by mail**. Payment can be made in the form of certified check, money order, cash or credit card if being done in person.

**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 _____ Court to prepare a Criminal Certificate of Disposition for the matter outlined on the attached Criminal Certificate of Disposition Request form dated: _____ 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: