

Criminal Certificate of Disposition Request Form

To: _____ **Court**
 Number & Street: _____
 City, State & Zip: _____
 Phone: _____

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>

Complete the information below to request a Criminal Certificate of Disposition. You can either bring your form to the court in person or send it to the court by mail. The fee for a Criminal Certificate of Disposition is five dollars (\$5) in courts located outside New York City or ten dollars (\$10) in courts located in New York City's five boroughs. Contact the court to ask what payment methods are accepted. Do not send cash in the mail.

Requestor Information	
Name:	Date of Request:
Address:	Phone:
	Email:
I am the: <input type="checkbox"/> Defendant (must provide photo ID) <input type="checkbox"/> Defendant's Agent (must provide defendant's written authorization) <input type="checkbox"/> Defense Attorney <input type="checkbox"/> Prosecutor <input type="checkbox"/> None of the Above	
<i>For Defendant or Defendant's Agent ONLY:</i> <input type="checkbox"/> I am requesting a certificate that includes information that may be sealed to the public.	
I represent [<i>if none, leave blank</i>]: <input type="checkbox"/> OCFS <input type="checkbox"/> OMH <input type="checkbox"/> OPWDD <input type="checkbox"/> FBI/NICS	
Delivery of Certificate of Disposition: <input type="checkbox"/> Mail to the above address <input type="checkbox"/> Pick up at court when notified	

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 (<i>You MUST provide at least one of the following case identifiers unless you are the Defendant or Defendant's Agent.</i>)	
Docket, Indictment, or SCI Number	
IDV Number	
Arrest Number	
Order of Protection Number	
Certificate of Disposition Number	
Criminal Justice Tracking Number (CJTN)	
Complaint Number	
Ticket Number	

Other Identifiers (<i>You MAY provide other identifiers if known. This is optional.</i>)				
NYSID Number				
Partial Docket Number				
DMV ID Number				
Arrest Date		or Date Range	from	to
Incident Date		or Date Range	from	to
Address				
License Plate Number				
Charges				
Other				

NOTE: Individuals or agencies requesting a Criminal Certificate of Disposition or other criminal case information must provide at least one of the primary case identifiers above to identify the specific case containing the information. If you are unable to provide at least one primary case identifier or if you are requesting information this court is unable to provide, you may be referred to the court system's Criminal History Record Search Unit.

For Court Use Only				
<input type="checkbox"/> YES <input type="checkbox"/> NO Form completed			<input type="checkbox"/> YES <input type="checkbox"/> NO Photo ID provided	
<input type="checkbox"/> YES <input type="checkbox"/> NO Primary case identifier provided			<input type="checkbox"/> YES <input type="checkbox"/> NO Authorization provided (Defendant's Agent only)	
<input type="checkbox"/> YES <input type="checkbox"/> NO Fee paid				
If YES, specify payment method:	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	<input type="checkbox"/> Certified Check # _____	<input type="checkbox"/> Money Order# _____	
If NO, specify reason:	<input type="checkbox"/> Fee Exempt Agency	<input type="checkbox"/> Poor Person Order	<input type="checkbox"/> Fee Determined by County Clerk	
	<input type="checkbox"/> Other: _____			
Version provided:	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Qualified Agency	<input type="checkbox"/> None	