

STATE OF NEW YORK
APPLICATION BY AN ELIGIBLE OFFENDER FOR
CERTIFICATE OF RELIEF FROM DISABILITIES

FOR COURT USE ONLY
Docket, File or other Identifier

1. Applicant's Last Name	First Name	Middle Initial	3. NYSID (if known)
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2. Address (house number and street, city, state and zip code)

4. Sex	5. Race	6. Height ft. in.	7. Date of birth (mm/dd/yyyy)
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8. Conviction Charge	9. Date of arrest (mm/dd/yyyy)	10. Date of sentence (mm/dd/yyyy)
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11. Court where sentenced (name, address, judge/part) NOTE: you can find the court's address online using the Court Locator at: https://ww2.nycourts.gov/courtlocator	12. I am requesting a certificate from the (select one): Court (in box 11) Parole Board (STOP! This form is only used to request a certificate from the Court. To request a certificate from the Parole Board, download their application form at: https://doccs.ny.gov/certificate-relief-good-conduct-restoration-rights)
	13. I am asking to replace an existing certificate, issued on: (mm/dd/yyyy) Not applicable

14. I am making this application for a *Certificate of Relief from Disabilities* that will (select one):

- a. relieve me of all forfeitures, disabilities, and bars to employment, except the right to hold or be eligible to hold public office (must be issued at sentencing).
- b. relieve me of all disabilities and bars to employment, except the right to be eligible to hold public office.
- c. relieve me of the following forfeitures, disabilities, or bars to employment (specify):

15. I agree to allow an investigation to be made to determine my fitness for a certificate of relief from disabilities pursuant to Correction Law Article 23.

Applicant's Signature _____ Date _____
sign in the presence of a notary

16. State of New York)
County of _____) ss.:

_____, being duly sworn, states the following:
I am the applicant.
I have read my application, and I know what it says.
The information in my application is true, accurate, and complete to the best of my knowledge and belief.

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

Notary Public
affix stamp / seal

STATE OF NEW YORK
 CERTIFICATE OF RELIEF FROM DISABILITIES

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This certificate is issued to the holder from all or certain enumerated disabilities, forfeitures, or bars to his employment automatically imposed by law by reason of his conviction of the crime or of the offense specified herein.

This certificate shall NOT be deemed nor constructed to be a pardon.

See reverse side for explanation of the law governing this certificate, or <http://courts.state.ny.us/courts/10jd/suffolk/dist/RCD.shtml>
 The original certificate is to be presented to the person to whom awarded. One copy is to be retained by the issuing agency, and one copy is to be filed with the NYS Division of Criminal Justice Services, 4 Tower Place, Albany, NY 12203-3702

1. Used by DCJS	<u>Holder of Certificate</u>		3. NYSID
	2. Last Name, First Name, Initial		(if unknown, supply fingerprints to DCJS. If fingerprints are unobtainable, complete 15-18 below)
4. Conviction Charge	5. Arrest date (mm/dd/yyyy)	6. Sentence date (mm/dd/yyyy)	
7. Court where sentenced (name, address, judge/part)			8. Certificate issued by: Court (in box 7) Board of Parole
9. Date this certificate issued (mm/dd/yyyy)	10. Replaces an existing Certificate of Relief from Civil Disabilities issued on: Not applicable		

11. This certificate shall:
- a. relieve the holder of all forfeitures, disabilities, and bars to employment, except the right to hold or be eligible to hold public office, because it was issued at sentencing.
 - b. relieve the holder of all disabilities and bars to employment, except the right to be eligible to hold for public office.
 - c. relieve the holder of the following forfeitures, disabilities, or bars to employment (specify):

12. This certificate is permanent.
 This certificate is temporary. It becomes permanent on _____ unless it is revoked by the issuing court or parole board before that date. Please be advised that any person who intentionally uses or tries to use a revoked certificate to get rights or privileges that they are not entitled to without a valid certificate is guilty of a misdemeanor.

13. _____ 14. _____

Signature of issuing official		Name of issuing official		Title of issuing official	
15. Sex	16. Race	17. Height ft. in.	18. Date of Birth (mm/dd/yyyy)		