



STATE OF NEW YORK UNIFIED COURT SYSTEM  
**SUFFOLK COUNTY DISTRICT COURT**  
 400 Carleton Avenue - Central Islip - New York 11722  
[nycourts.gov/suffolkdistrict](http://nycourts.gov/suffolkdistrict)  
 (631) 853-7500

**CERTIFIED TRANSCRIPTS / CERTIFICATES OF DISPOSITION**

**NAME** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**STREET** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_

**LAWS VIOLATED** \_\_\_\_\_ **DATE OF VIOLATION** \_\_\_\_\_

**DATE OF DISPOSITION** \_\_\_\_\_ **DOCKET NUMBER** \_\_\_\_\_  
 (NECESSARY IF A TRAFFIC CASE PRIOR TO JULY 1,1996)

**REASON FOR TRANSCRIPT:** \_\_\_\_\_  
 (e.g. License suspension, employment, any licensing or permits)

\*\*\*\*\*

YOU MUST ATTACH A \$5 MONEY ORDER, CERTIFIED CHECK OR ATTORNEY'S CHECK PAYABLE TO "FIRST DISTRICT COURT" FOR EACH DOCKET NUMBER. ALSO INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.

**\*\*\* MAIL TO SUFFOLK DISTRICT COURT, ATTN: TRAFFIC/CRIMINAL ROOM 220 (TRANSCRIPTS)  
 400 CARLETON AVENUE, CENTRAL ISLIP NY 11722**

**TODAY'S DATE:** \_\_\_\_\_

\*\*\* TRANSCRIPT REQUESTS ARE COMPLETED IN THE ORDER IN WHICH THEY ARE RECEIVED.

\*\*\* ALL REQUESTED INFORMATION MUST BE FILLED IN, OR YOUR REQUEST WILL BE RETURNED.

\*\*\* SHOULD YOU NEED ANY ADDITIONAL INFORMATION, CONTACT CENTRAL RECORDS IN YAPHANK FOR YOUR ARREST RECORD (631) 852-6015.

**IF YOU WERE A YOUTHFUL OFFENDER OR YOUR CASE WAS SEALED, ADDITIONAL PROCEDURES MUST BE FOLLOWED :**

IF YOU WERE ADJUDICATED AS A YOUTHFUL OFFENDER, PLEASE SIGN [FORM #1](#) BEFORE A NOTARY PUBLIC AND RETURN IT ALONG WITH THE FEE AND A SELF-ADDRESSED STAMPED ENVELOPE.

IF YOUR CASE WAS SEALED PURSUANT TO CPL 160.50 AND YOU WANT THE TRANSCRIPT SENT TO YOU, COMPLETE [FORM #2](#).

IF YOU WANT IT SENT TO SOMEONE ELSE, COMPLETE [FORM #3](#).

IN ANY CASE, THE FORMS MUST BE RETURNED ALONG WITH THE FEE AND A SELF-ADDRESSED STAMPED ENVELOPE.