

RELEASE OF INFORMATION- Request for Certificate of Disposition, Court Copies

The undersigned HEREBY AUTHORIZES the Ithaca City Court to release any and all information concerning any arrests of record occurring in the City of Ithaca, New York, including, but not limited to, any records which may be sealed under CPL 160.50 (Dismissed in the Interest of Justice), CPL 160.55 (Conviction to a Non-Criminal Offense), or CPL 720 (Youthful Offender) and hold harmless and indemnify said court for release of such information.

Complete all sections below unless otherwise directed

1. Name of Requestor: _____
I am am not the defendant in this case

2. Specifically, I am requesting a (check all that apply):

- Certificate of Disposition (\$5.00 each document*)
(Unauthorized requests will indicate "No Record Found")
- Certified Copies (\$6.00 per document)
- Copy of the court file, accusatory instrument(s) (\$0.65 / page, \$1.30 min, \$40 max*)
- Violation- level Criminal History Search (\$5.00 for each 2 consecutive years specified)
Years Requested: _____

* Payment must be by Certified Bank Check or Money Order, MasterCard or Visa. Personal or Business Checks are not accepted.

3. **Provide the following:** Defendant's name and DOB: _____
(Approximate) date of offense or arrest _____
Docket No. (if available) _____
Charges listed on the accusatory instrument: _____

(If the record is not located from the information provided, the court will not conduct any further searches.
A statewide Criminal History Search and requisite fee will be required)

4. Please release the above information directly to:

The original documentation may be picked up at Ithaca City Court (M-F, 8am-4pm). If you would like the documentation mailed to you via USPS, a SASE must be provided with your request. If you do not require an original document, we will scan the documentation to the e-mail address listed below. Please check off **one** box to indicate how you wish to receive your documentation.

I will pick up at Ithaca City Court Please send via USPS (SASE required) Please scan and e-mail the documents, I do not require originals

Name: _____
Address: _____
City/St/Zip _____
Email Address: _____

5. _____ (Defendant's Signature before a Notary Public) _____ (Print Full Name)
Date of Birth: _____ Daytime Telephone No _____
Email Address: _____

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: _____

