NEW YORK STATE COURTS

UCS-966

_____ COURT

Court Address: _____

Court Phone: (_____) _____-_____ Court Fax: (_____) _____-_____

Court e-mail: _____

The People of the State of New York

vs.

_____

AKA(s): _____

Address: _____

Phone: ( ) -

Sex: ☐ Male ☐ Female Race: _____ DOB: _____/_____/_____

Probation Transfer Case Summary

Case Number: _____

CJTN: _____

NYSID: _____

Youthful Offender: ☐ Yes ☐ No

TAKE NOTICE that, by order of this court, probation supervision has been transferred to: _____

Conviction Charge	Charge Weight	Conviction Type	Conviction Date	Sentence Imposed	Sentence Date
		☐ Pled Guilty ☐ Tried Found Guilty	___/___/___		___/___/___
		☐ Pled Guilty ☐ Tried Found Guilty	___/___/___		___/___/___
		☐ Pled Guilty ☐ Tried Found Guilty	___/___/___		___/___/___

Active Order of Protection:	❑ Yes ❑ No	DNA Collected:	❑ Yes ❑ No	Certificate of Relief from Civil Forfeitures and Disabilities	Requested:	❑ Yes	❑ No
					If yes: ❑ Granted	❑ Denied	on ____/____/_____
Sex Offender Risk Level Determined on:				_____/_____/_____	Risk Level Assigned:	❑ Level 1	❑ Level 2 ❑ Level 3

Driver's License Suspended:	❑ Yes ❑ No	Termination of Suspension Fee Paid:	❑ Yes ❑ No If yes: Paid on ____/____/_____	Suspension Lifted:	❑ Yes ❑ No If yes: Lifted on ____/____/_____

Total Fees and Surcharges Imposed:	$
Total Fee and Surcharge Payments:	$
Balance Due:	**$**
Due Date:	_____/_____/_____
Civil Judgment Ordered: ❑ **YES** ❑ **NO**	**If yes: Ordered on _____/_____/_____**

Original Papers Have Been Filed With and/or Issued By This Court:	❑ Yes ❑ No
	If yes: Original papers ❑ **ARE** ❑ **ARE NOT** attached for consolidation with the original file of record.

Original Sentencing Court Information

Docket	Name	County	Address	Phone	e-mail	Contact Name

Receiving Court History

#	Docket	Name	County	Address	Phone	e-mail	Contact Name