



**NEW YORK STATE UNIFIED COURT SYSTEM  
OFFICE OF COURT ADMINISTRATION  
COURT OFFICER STAFFING & SECURITY SERVICES  
APPLICANT VERIFICATION UNIT**



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N.Y.C. Department of Social Services  
Bureau of Client Fraud  
180 Water Street - 17<sup>th</sup> Floor  
New York, N.Y. 10038

-----AUTHORIZATION-----

I hereby authorized the release of any and all information contained in my records and that such information and/or records be disclosed, furnished to and/or examined by the Office of Court Administration for the purpose of determining my eligibility for appointment to the Office of Court Administration in the position of Court Officer. I acknowledge by this authorization that I release you from any obligation or liability in the disclosure of the contents of such records.

\_\_\_\_\_ Candidate's Signature

\_\_\_\_\_ Full Name - Printed

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Social Security Number

Have you Ever Received Public Assistance? No \_\_\_ Yes \_\_\_ Case No. \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Husband's Name/Wife's Full Maiden Name: \_\_\_\_\_

Currently employed? No  Yes  Name/Address of Employer: \_\_\_\_\_

=====

Investigator \_\_\_\_\_ Tel# \_\_\_\_\_

**BUREAU OF CLIENT FRAUD REPLY**

No record \_\_\_\_\_ Active Case \_\_\_\_\_ Case Closed \_\_\_\_\_

Date Opened \_\_\_\_\_ Date Closed \_\_\_\_\_ Case No: \_\_\_\_\_

Client's Name \_\_\_\_\_

Clients' Address \_\_\_\_\_

Family Composition - (Name, Date of Birth, Social Security No.)

\_\_\_\_\_  
Cleared by: \_\_\_\_\_ Tel#: \_\_\_\_\_ Date: \_\_\_\_\_

