

Criminal Certificate of Disposition Request Form for CPL 160.59 Sealing Application

To: _____ Court
 Number & Street: _____
 City, State & Zip: _____
 Phone: _____

NOTE: The name, address and phone number of the court can be found by selecting the County and Court Type in the Court Locator at: <http://www.nycourts.gov/courts/index.shtml>

Please complete the information below to request a criminal Certificate of Disposition for your CPL 160.59 sealing application. You may either bring your completed form to the court in person, or you may mail the completed form to the court. A fee of five (\$5) dollars is required in courts located outside the City of New York, and a fee of ten (\$10) dollars is required in courts located within the 5 boroughs of the City of New York. When delivering your request in person, you may pay in cash or by certified check or money order, and you must provide a valid photo ID. When mailing your request, you must pay by certified check or money order (do not send cash in the mail), and the form must be notarized below.

Requestor Information	
	Date of Request:
Requestor	Name:
	Address:
	Phone:
	Email:
Role	I am the Defendant
	I am the Defendant's Agent (must provide notarized authorization from the defendant)
Receipt	Please mail to the above address (must provide self-addressed stamped envelope)
	I will pick up at court when notified
For Court Use Only	Certificate of Disposition fee paid Cash Certified Check # Money Order #
	Proper ID provided (specify):
	Written authorization provided (for Defendant's Agent only)
	Self-addressed stamped envelope provided (for request to receive Certificate of Disposition by mail only)

Defendant Information			
Name	First:	Middle:	Last:
AKA(s)			
Date of Birth			
Sex	Male	Female	Unknown

Case Identifiers (provide as much information as you can, but you MUST provide at least one of the following case identifiers)			
Docket, Indictment, SCI or IDV Number			
Arrest Number			
Order of Protection Number			
Certificate of Disposition Number			
Criminal Justice Tracking Number (CJTN)			
Complaint Number			
Ticket Number			
Other Identifiers (provide other identifiers if known)			
NYSID Number			
Partial Docket Number			
Motorist ID Number			
Arrest Date	or Date Range	from	to
Incident Date	or Date Range	from	to
Address			
License Plate Number			
Charges			
Other			

NOTE: Form MUST be notarized when submitting a request by mail.

Signature of Requestor

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

Notary Public