

## 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.

**NOTE:** To avoid delays, contact the court and ask who your certified check or money order must be "payable to" before mailing this request form.

Requestor Information (only the defendant or the defendant's agent may use this form to request a Certificate of Disposition)	
	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)	
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