Criminal Certificate of Disposition Request

Complete the information below to request a Criminal Certificate of Disposition. You can either bring your form to the court in person or send it by mail. The fee for a Criminal Certificate of Disposition is five dollars ($5) in courts located outside New York City or ten dollars ($10) in courts located in New York City's five boroughs. Contact the court to ask what payment methods are accepted. Do not send cash in the mail.

Select Court Find court information at: https://ww2.nycourts.gov/courtlocator	
Court Name	
Street Address	
City, State & Zip	

Requestor Information	
Name	
Address	
Phone	
Email	
I am the: [check one]	○ Defendant (must provide photo ID) ○ Defendant's Agent (must provide defendant's written authorization) ○ Defense Attorney ○ Prosecutor ○ None of the Above
Defendant or Agent	For Defendant or Defendant's Agent ONLY [check if applicable]: ☐ I am requesting a certificate that includes sealed case information.
Agency	I represent [if none, leave blank]: ○ OCFS ○ OMH ○ OPWDD ○ FBI/NICS
Delivery Method	I prefer to receive my certificate by [check one]: ○ Mail to the above address ○ Pick up at court when notified

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

Case Identifiers (Please provide any of the following case identifiers, if known)				
Docket, Indictment, or SCI Number:				
IDV Number:				
Arrest Number:				
Order of Protection Number:				
Certificate of Disposition Number:				
Criminal Justice Tracking Number (CJTN):				
Complaint Number:				
Ticket Number:				
NYSID Number:				
Partial Docket Number:				
Driver's License or Non-Driver ID Number:				
Arrest Date:		OR Date Range:		
Incident Date:		OR Date Range:		
Address:				
Charges:				
Other:				

Print Form

For Court Use Only	
Form completed: ☐ YES ☐ NO	Photo ID provided: ☐ YES ☐ NO
Authorization provided: (for Defendant's Agent only) ☐ YES ☐ NO	
Fee paid: ☐ YES ☐ NO If YES, specify payment method: ☐ Cash ☐ Credit Card ☐ Certified Check #_____ ☐ Money Order # _____ If NO, specify reason: ☐ Fee Exempt Agency ☐ Poor Person Order ☐ Fee Determined by County Clerk ☐ Other: _____	
Version provided: ☐ Public ☐ Non-Public ☐ Qualified Agency ☐ None	