



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:				

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