

# Town of Kingston Justice Court 906 Sawkill Road Kingston, NY 12401

## Certificate of Disposition/Conviction Information

In order to process your request, the following information must be provided on the enclosed form

1. Defendant's name at time of arrest
2. Defendant's date of birth
3. Approximate date of offense\*
4. Charge or description of the offense
5. Notarized statement from the defendant if charge was dismissed or adjudicated Youthful Offender. **Be advised, this information can only be released to the defendant on their request.**
6. Payment as indicated on form (\$5.00 per certificate/offense)

\*If you are unable to provide an approximate date of offense or any details regarding the offense, you will need to request a record search. Contact the clerk for more details.

Requests will be performed as quickly as possible while conforming to the operational needs of the court. Please allow a minimum of 5 days for the processing of your request. It may take longer depending upon the number of years searched and the type of media upon which the record is stored.

Should you have any questions, please contact the court

**REQUEST FOR CERTIFICATE OF DISPOSITION/CONVICTION**

I hereby request a Certificate of Disposition Conviction from the TOWN OF KINGSTON COURT for the time period indicated below. (Circle one)

**Complete all sections below unless otherwise directed and include \$5.00 for each certificate requested.**

\*\* Type of payment accepted Cash (exact amount only), Visa or MasterCard (**IN OFFICE ONLY**), Money Order or Certified Check if mailing request, **Also**, Provide the court with a self-addressed stamped envelope for the return of the certificate.

**NO PERSONAL OR BUSINESS CHECKS ACCEPTED**

**PLEASE PRINT CLEARLY**

**Requestor Information:**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Defendant Information**

FULL NAME: \_\_\_\_\_

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

Date of Offense (approx): \_\_\_\_\_

Description of Charge(s): \_\_\_\_\_

Docket # (if available): \_\_\_\_\_

\*\*Request for information that is **SEALED** (**MUST BE DEFENDANT ONLY WITH ID**)

**SIGNATURE:** \_\_\_\_\_

Receipt # \_\_\_\_\_