

CERTIFICATE OF DISPOSITION REQUEST FORM

POESTENKILL TOWN COURT
P.O. Box 164, Poestenkill, New York 12140-0164
Phone: (518) 283-5100 ext. 105

Please complete the required information below to request a Certificate of Disposition. 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 to obtain a Certificate of Disposition. When delivering your request in person, the fee may be paid in cash or by certified check or money order, and you must provide a valid photo ID. When mailing your request, the fee may be paid by certified check or money order (do not send cash in the mail), and the form must be notarized below.

| | | | |
|--|---|---------------|--|
| Requestor Information | | | |
| Requestor | Date of Request: _____ Name: _____ Address: _____ Phone: _____ | | |
| Role | <input type="checkbox"/> I am the Defendant <input type="checkbox"/> I am the Defendant's Agent (must provide notarized authorization from the defendant) | | |
| Receipt | <input type="checkbox"/> Please mail to the above address (must provide self-addressed stamped envelope) <input type="checkbox"/> I will pick up at court when notified | | |
| For Court Use Only | <input type="checkbox"/> \$5 Certificate of Disposition Fee PAID <input type="checkbox"/> Cash <input type="checkbox"/> Certified Check # <input type="checkbox"/> Money Order <input type="checkbox"/> Receipt Number _____ Judge _____ <input type="checkbox"/> Proper ID provided (specify): <input type="checkbox"/> Written authorization provided (for Defendant's Agent only) | | |
| Defendant Information | | | |
| Name | First: _____ | Middle: _____ | Last: _____ |
| AKA(s) | _____ | | |
| Date of Birth | | Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown |
| Case Identifiers (provide as much information as you can, but you MUST provide at least one | | | |
| Arrest Date | or Date Range from _____ to _____ | | |
| Charges | _____ | | |

Form MUST be notarized when submitting request by mail.

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

Notary Public

Signature of Requestor