

# **REQUEST FOR CERTIFICATE OF DISPOSITIONS**

## **BY MAIL:**

1. FILL OUT REQUEST FORM BELOW.
2. NAME AND DATE OF BIRTH USED AT TIME OF ARREST  
WITH PROPER ID MUST BE PROVIDED BEFORE THE COURT CAN DO AN ACCURATE SEARCH OF THE RECORDS.
3. \$5.00 MONEY ORDER\*\* FOR EACH REQUEST + \$5.00 FOR EVERY TWO YEARS THE COURT HAS TO SEARCH BACK, STARTING IN 1990.  
(EXAMPLE: IF YOU ARE REQUESTING A DISPOSITION FOR A CASE IN 1986, YOUR TOTAL IS \$15.00.) (Judiciary Law 255)
4. PROVIDE A SELF-ADDRESSED, STAMPED ENVELOPE WITH ALL THE DOCUMENTS LISTED ABOVE.

**\*\*We do not accept personal checks or cash in the mail\*\***

## **IN PERSON:**

1. COURT ADDRESS: 350 North Main Street, Port Chester, NY 10573
2. FILL OUT THE REQUEST FORM PROVIDED IN THE OFFICE.
3. NAME AND DATE OF BIRTH USED AT TIME OF ARREST  
WITH PROPER ID MUST BE PROVIDED BEFORE THE COURT CAN DO AN ACCURATE SEARCH OF THE RECORDS.
4. \$5.00 CASH OR MONEY ORDER FOR EACH REQUEST

**IF YOUR CASE WAS DISMISSED AND SEALED 160.50, OR YOU RECEIVED AN ACD WITH A 160.50 SEAL, PLEASE FILL OUT THE "AUTHORIZATION FOR RELEASE OF INFORMATION" FORM PROVIDED AND HAVE IT NOTARIZED BEFORE YOU SEND IT TO THE COURT. PLEASE DON'T FORGET TO SEND A COPY OF YOUR ID WITH THE FORMS.**

**REQUEST FOR  
CERTIFICATES OF CONVICTIONS  
AND  
CERTIFICATES OF DISPOSITIONS  
(MUST PRESENT PHOTO ID)**

**NAME YOU USED AT TIME OF ARREST:**

**DATE OF BIRTH YOU USED AT TIME OF ARREST:**

**WHY DID YOU GET ARRESTED?**

**WHAT WAS THE DATE OF ARREST OR THE YEAR?**



**VILLAGE OF PORT CHESTER**  
**Justice Court**

350 No. Main Street, Port Chester, New York 10573  
(914) 939-8220 • Fax: (914) 939-3479

Peter F. Sisca, Village Justice  
Matthew J. Troy III, Associate Justice  
Jose O. Castaneda, Associate Justice

Regina Hill, Court Clerk

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself whether the said records are public, private or of confidential nature. I authorize the release of said records to \_\_\_\_\_.

The intent of this authorization is to give my consent for full and complete disclosure of records of any arrests or convictions against me in the Justice Court, Village of Port Chester, New York.

I certify that the Court Clerk who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person from any and all liability which may be incurred as a result of furnishing such information. I further release the Justice Court from any and all liability which may be incurred as a result of collecting such information.

I have read and have had read to me the contents of this "Authorization for Release of Personal Information" and fully understand it.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date and Time

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public