

TOWN OF HAVERSTRAW JUSTICE COURT  
1 ROSMAN ROAD  
GARNERVILLE, NEW YORK 10923

REQUEST FOR A  
CERTIFICATE OF DISPOSITION  
OR  
CERTIFICATE OF CONVICTION

TODAYS DATE: \_\_\_\_\_

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

DATE OF BIRTH: \_\_\_\_\_

DATE OF ARREST: \_\_\_\_\_

ORIGINAL CHARGES: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_  
(Person requesting disposition)

SIGNATURE: \_\_\_\_\_  
(Person requesting disposition)

TO BE COMPLETED BY THE **DEFENDANT ONLY** IF THE RECORDS ARE  
SEALED:

I, \_\_\_\_\_, give permission to the court to unseal my  
(DEFENDANT'S SIGNATURE)

case for the issuance of a Certificate of Disposition. Upon issuance of the Certificate of  
Disposition the record will be resealed.