

HARRISON TOWN COURT
CERTIFICATE OF DISPOSITION REQUEST FORM

- 1) **Research fee due upon submission – please DO NOT submit this form without first calling the Court for additional instruction before submitting.**
- 2) **If your case was disposed of more than five years ago, your physical case file must be retrieved and this will result in a delay in preparing your Certificate of Disposition. Your anticipated patience is appreciated.**

Is the person requesting the Certificate of Disposition the defendant? ☐ Yes ☐ No

If Yes, complete only Section 2.

If REQUESTOR is NOT the DEFENDANT, please complete both Section 1 AND Section 2.

Date of Request: _____

SECTION 1 – REQUESTOR IS NOT THE DEFENDANT

Name of Requestor: _____

Address of Requestor: _____

Signature of Requestor: _____

SECTION 2 – DEFENDANT/CASE INFORMATION

Name of Defendant: _____ Date of Birth: _____

Date of Violation: _____ Docket # (if known): _____

Original Charge(s): _____

Defendant's Mailing Address: _____

Current Telephone # : (_____) _____

Do you prefer to pick-up the Certificate (you will be called when it is ready) or do you prefer that it be mailed to the address printed above? If the Defendant is the requestor, the Certificate will be mailed to the address in Section 2. If the requestor is anyone other than the Defendant, the Certificate will be mailed to the address of the requestor in Section 1.

☐ Pick-up

☐ Mail

Signature of Defendant: _____

For Office Use Only:

Receipt No. _____ Funds Collected: \$ _____ Clerk's Initials _____

Mailing Address & Physical Filing Address:

Harrison Town Court | 1 Heineman Place | Harrison, NY 10528

Telephone: (914) 670-3010 | **Facsimile:** (914) 835-1262 | **No E-Mail Accepted**

