

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 # :	(_____) _____		
<i>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?</i> 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.			
<input type="checkbox"/> Pick-up		<input type="checkbox"/> 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**

