

Date
Submitted:

GENESEO TOWN AND VILLAGE COURT
119 Main Street
Geneseo, New York 14454
GeneseoTownCourt@nycourts.gov

TO: GENESEO TOWN AND VILLAGE COURT
RE: CERTIFICATE OF DISPOSITION OR CONVICTION REQUEST

Date of Request: _____
FIVE DOLLAR FEE PAID BY: CASH ____ M.O. _____ CREDIT _____

Defendant's Name: _____
Date of Birth: _____

Date of Offense: _____ Charges: _____
Date of Arrest: _____ Date of Conviction: _____

REASON FOR REQUEST OF CERTIFICATE

Please print name and address of person requesting certificate:

Signature: _____ Phone: _____
Current Mailing Address: _____
Email: _____

REQUEST FOR RELEASE OF SEALED INFORMATION

I hereby request opening of a sealed file for purpose of issuing a Certificate of Disposition or Certificate of Conviction for reason listed above. (DEFENDANT ONLY)

Signature _____ Date: _____

Defendant must provide a Photo ID to be verified by COURT CLERK.