

**Town of Ulster Court
1 Town Hall Drive
Lake Katrine, NY 12449**

Phone: 845-382-1737

Fax: 845-382-1838

TOWN OF ULSTER COURT CERTIFICATE OF DISPOSITION/CONVICTION INFORMATION

In order to process your request, the following information must be provided on the enclosed form

1. Defendant's name at time of arrest
2. Defendant's date of birth
3. Approximate date of offense*
4. Charge or description of the offense
5. Notarized statement from the defendant if charge was dismissed or adjudicated Youthful Offender. Be advised, **this information can only be released to the defendant on their request.**
6. Payment as indicated on form (\$5.00 per certificate/offense)

*If you are unable to provide an approximate date of offense or any details regarding the offense, you will need to request a record search. Contact the clerk for more details.

Requests will be performed as quickly as possible while conforming to the operational needs of the court. Please allow a minimum of 5 days for the processing of your request. It may take longer depending upon the number of years searched and the type of media upon which the record is stored.

Should you have any questions, please contact the court

REQUEST FOR CERTIFICATE OF DISPOSITION/CONVICTION

I hereby request a Certificate of Disposition Conviction from the TOWN OF ULSTER COURT for the time period indicated below. (Circle one)

Complete all sections below unless otherwise directed and include \$5.00 for each certificate requested.

**** Type of payment accepted Cash (exact amount only), Visa or MasterCard (IN OFFICE ONLY), Money Order or Certified Check if mailing request, Also, Provide the court with a self-addressed stamped envelope for the return of the certificate.**

NO PERSONAL OR BUSINESS CHECKS ACCEPTED

PLEASE PRINT CLEARLY

Requestor Information:

NAME: _____

Address: _____

Phone: _____

Signature: _____

Defendant Information

FULL NAME: _____

Date of Birth: _____

Date of Offense (approx): _____

Description of Charge(s): _____

Docket # (if available): _____

****Request for information that is SEALED (MUST BE DEFENDANT ONLY WITH ID)**

SIGNATURE: _____

Receipt # _____