

STATE OF NEW YORK
APPLICATION BY AN ELIGIBLE OFFENDER FOR
CERTIFICATE OF RELIEF FROM DISABILITIES

FOR COURT OR BOARD OF PAROLE
Docket, File or other Identifier

1. Applicant's Last Name	First Name	Initial	3. NYSID (if known)
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2. Address (Street and House Number, City, State, ZIP)

4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Race	6. Height Ft In.	7. Date of Birth (Month/Day/Year)
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8. Offense for which convicted	9. Date of arrest	10. Date of sentence
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11. Court of Disposition (Court, Part, Term, Venue)	12. Certificate issued by: <input type="checkbox"/> Court indicated in box 11 <input type="checkbox"/> State Board of Parole
	13. <input type="checkbox"/> Certificate is intended to replace an existing certificate, issued on: <input type="checkbox"/> Not applicable

14. Application is hereby made for a grant of a *Certificate of Relief from Disabilities* which will
- ☐ a. relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or to be eligible for public office, by virtue of the fact that the certificate is issued at the time of sentence.
- ☐ b. relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office.
- ☐ c. relieve the holder of the forfeitures, disabilities or bars to employment hereinafter enumerated

15. The applicant agrees to allow an investigation to be made to determine his or her fitness for a certificate of relief from disabilities, pursuant to Correction Law Article 23.

Applicant's Signature _____ Date _____
sign in the presence of a notary

16. State of New York)
County of _____) ss.:

_____, being duly sworn, deposes and says that __he is the applicant named in the within application; that __he has read the foregoing application and knows the contents thereof; that the same is true to _____ own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters __he believes it to be true.

Sworn to before me this _____ day of _____ 20____

Notary Public
affix stamp / seal

STATE OF NEW YORK
CERTIFICATE OF RELIEF FROM DISABILITIES

FOR COURT OR BOARD OF PAROLE
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This certificate is issued to the holder from all or certain enumerated disabilities, forfeitures, or bars to his employment automatically imposed by law by reason of his conviction of the crime or of the offense specified herein.

This certificate shall NOT be deemed nor constructed to be a pardon.

See reverse side for explanation of the law governing this certificate, or <http://courts.state.ny.us/courts/10jd/suffolk/dist/RCD.shtml>
The original certificate is to be presented to the person to whom awarded. One copy is to be retained by the issuing agency, and one copy is to be filed with the NYS Division of Criminal Justice Services, 4 Tower Place, Albany, NY 12203-3702

1. Used by DCJS	<u>Holder of Certificate</u>		3. NYSID
	2. Last Name, First Name, Initial		(if unknown, supply fingerprints to DCJS. If fingerprints are unobtainable, complete 15-18 below)
4. Crime or Offense for which convicted		5. Date of arrest	6. Date of sentence
7. Court of Disposition (Court, Part, Term, Venue)			8. Certificate issued by: <input type="checkbox"/> Court indicated in box 7 <input type="checkbox"/> State Board of Parole
9. Date this certificate issued		10. <input type="checkbox"/> Certificate replaces an existing Certificate of Relief from Disabilities, previously issued on: <input type="checkbox"/> Not applicable	
11. This certificate shall <input type="checkbox"/> a. relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or to be eligible for public office, by virtue of the fact that the certificate is issued at the time of sentence. <input type="checkbox"/> b. relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office. <input type="checkbox"/> c. relieve the holder of the forfeitures, disabilities or bars hereinafter enumerated			
12. <input type="checkbox"/> This certificate shall be considered permanent. <input type="checkbox"/> This certificate shall be considered temporary until _____. After this date, unless revoked earlier by issuing court or parole board, this certificate shall be considered permanent. A person who knowingly uses or attempts to use a revoked certificate in order to obtain or exercise any right or privilege that he/she would not be entitled to obtain or to exercise without valid certificate shall be guilty of a misdemeanor.			
13.		14.	
Signature of issuing official		Name of issuing official	
15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		16. Race	
17. Height Ft In.		18. Date of Birth (Month/Day/Year)	