<div align="center">

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

</div>

FOR COURT OR BOARD OF PAROLE
Docket, File or other Identifying No.

_____

_____

I Applicant' s Last Name	First Name	Middle Initial	3. NYSID Number (if Known)

2. Address (Street and No., City, State, Zip Code)

4. Sex	5. Color	6. Height	T Date of Birth (Month, Day, Year)
☐ Male ☐ Female	_ _____	_____ Ft. _____ In.	

8. Crime or offense of which convicted	9. Date of Arrest	I 0. Date of Sentence

1 1. Court of Sentence (Court, Part, Term, Venue)

12. Certificate requested from

a ☐   COURT INDICATED IN NUMBER I 1
b ☐   STATE BOARD OF PAROLE

13. If certificate being applied for Is intended to replace an existing certificate, enter issue date of original certificate.   Date: _____

☐ 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 fitness for a certificate of relief from disabilities, pursuant to Art. 23, Correction Law,

Applicant's Signature _____   Date _____

State of Now York
County of _____

_____ 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 his 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

_____ 200 _____

_____
Notary Public

Form DP-52 (Rev. 9/72)