

SLEEPY HOLLOW VILLAGE COURT
CERTIFICATE OF DISPOSITION REQUEST FORM

- 1) **Submit fee with the form. \$5 per crime per copy**
- 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 the 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 Charges(s): _____ | |
| Defendant Mailing Address: _____ _____ | |
| Current Telephone #: (____) _____ | |
| Do you prefer to pick-up the Certificate (you will be called when it's ready) or do you prefer that it be mailed to the address printed above? If the defendant is the request 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. | |
| () Pick-up () Mail | |
| Signature of Defendant: _____ | |

| | | |
|----------------------|---------------------------|-------------------------|
| For Office Use Only: | | |
| Receipt No. _____ | Funds Collected: \$ _____ | Clerk's Initials: _____ |

Mailing Address & Physical Filing Address

Sleepy Hollow Village Court, 28 Beekman Avenue, Sleepy Hollow, NY 10591

Telephone: (914)631-2783 Fax: (914)631-2483 Email: SleepyHollowVillageCourt@nycourts.gov