

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)

2. Address (Street and House Number, City, State, ZIP)

4. Sex 5. Race 6. Height 7. Date of Birth (Month/Day/Year)
 Male Female Ft In.

8. Offense for which convicted 9. Date of arrest 10. Date of sentence

11. Court of Disposition (Court, Part, Term, Venue) 12. Certificate issued by:
 Court indicated in box 11
 State Board of Parole
13. Certificate is intended to replace an existing certificate,
issued on:
 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 h____ 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