

**DRYDEN TOWN COURT  
93 EAST MAIN STREET  
DRYDEN NY 13053  
607-844-8888**

CHRISTOPHER E. CLAUSON, JUSTICE  
JULES J. RAVO, JUSTICE

DEBORAH GALLAGHER, CLERK  
TAYLOR TURCSIK, CLERK

**REQUEST FOR INFORMATION**  
(Freedom of Information Law-Effective January 1,1978)

- You may file this form via mail or drop off.
- There is a \$5.00 fee, payable by MONEY ORDER only, for a Certificate of Conviction or a Certificate of Disposition.
- The Certificate will be prepared upon receipt of payment.
- Please allow at least 48 hours for processing.
- Please include a self-addressed stamped envelope for the return of the Certificate.
- If you prefer to pick it up, please indicate so and include a phone number where you can be reached.
- Please note if you do not have enough information available to fill out the below information it is possible that a ***records search*** may be necessary. In which case a \$10.00 fee is due payable by MONEY ORDER only following the same as above.

I \_\_\_\_\_ HEREBY APPLY TO INSPECT THE

FOLLOWING RECORD:

\_\_\_\_\_ I WISH FOR A CERTIFICATE OF CONVICTION

\_\_\_\_\_ I WISH FOR A CERTIFICATE OF DISPOSITION

\_\_\_\_\_ RECORDS SEARCH

DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHARGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROXIMATE DATE OF OFFENSE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_ I WILL PICK UP MY CERTIFICATE ONCE COMPLETED.

\_\_\_\_\_ I WOULD LIKE MY CERTIFICATE MAILED AND HAVE INCLUDED A

SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN.