

REQUEST FOR CERTIFICATE OF DISPOSITION

Full Name: _____

Address: _____

D.O.B.: _____

Telephone #: _____

Cell Phone: _____

Date of Offense: _____
(If you don't have exact date, please give the year)

Date of Adjudication: _____
(If you don't have exact date, please give the year)

Charge Info. (if you have) _____

Signature: X _____

YOU MUST INCLUDE A \$5.00 CERTIFIED CHECK OR MONEY ORDER (ONLY)

PLEASE MAIL YOUR REQUEST & FEE TO:
OCEAN BEACH VILLAGE JUSTICE COURT
P.O. BOX 433
OCEAN BEACH, NEW YORK 11770