



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

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

1. 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. Race	6. Height	7. Date of Birth (Month, Day, Year)
8. Crime or Offense of Which Convicted		9. Date of Arrest	10. Date of Sentence
11. Court of Sentence (Court, Part, Term, Venue)		12. Certificate Requested From a. <input type="checkbox"/> COURT INDICATED IN NUMBER 11 b. <input type="checkbox"/> STATE BOARD OF PAROLE	
		13. If certificate being applied for is intended to replace an existing certificate, enter issue date of original certificate. Date: <input type="checkbox"/> 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: _____

16. State of New York
 County of Cattaraugus

_____, being duly sworn, deposes and says that he/she is the applicant named in the within application; that he/she has read the foregoing application and knows the contents thereof; that The same is true to his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he/she believes it to be true.

Sworn to before me this _____ day of _____ 20 _____