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| NYSSEAL | **STATE OF NEW YORK**  **ORDER OF REVOCATION OF TEMPORARY**  **CERTIFICATE OF RELIEF FROM DISABILITIES** | | | | | | | | | | | FOR COURT OR  BOARD OF PAROLE | |
| Docket, File or other Identifying No. | |
| *The Original Order is to be presented to the person referred to below. One copy is to be retained by the issuing agency, and one copy is to be filed with the NYS Division of Criminal Justice Services, 80 South Swan Street, Albany, NY 12210.* | | | | | | | | | | | | | |
| 1. For Use by DCJS | | HOLDER OF CERTIFICATE | | | | | | | 3. NYSID Number (If not known, supply fingerprints to DCJS. If fingerprints are unobtainable, complete items 14 – 18 below.) | | | | |
| 2. Last Name | | | First Name | | | M.I. |
| 4. Crime or Offense for which Convicted | | | | | | 5. Date of Arrest | | | | | 6. Date of Sentence | | |
| 7. Court of Disposition (Court, Part, Term, Venue) | | | | | | 8. Certificate Issued by:  Court Indicated in No. 7  State Board of Parole | | | | | | | |
| 9. Date this Certificate Issued | | | | | | 10. Certificate Revoked Effective (Date) | | | | | | | |
| 11. The CERTIFICATE OF RELIEF FROM DISABILITIES referred to above is hereby revoked due to:  a) Violation of the conditions of a revocable sentence.  b) Revocation of sentence and commitment of the holder to an institution under the jurisdiction of the State Department of Correctional Services.  c) Violation of the conditions of parole or release. | | | | | | | | | | | | | |
| 12. Signature of Issuing Official(s) | | | | Print or Type Name(s) | | | | | | 13. Title(s) | | | |
| **WARNING**  UPON RECEIPT OF THIS ORDER OF REVOCATION THE HOLDER OF THE ABOVE-MENTIONED **CERTIFICATE OF RELIEF FROM DISABILITIES** MUST SURRENDER THAT CERTIFICATE TO THE ISSUING COURT OR PAROLE BOARD.  A person who knowingly uses or attempts to use a revoked ***Certificate of Relief from Disabilities*** in order to obtain or to exercise any right or privilege that he/she would not be entitled to obtain or to exercise without a valid Certificate shall be guilty of a misdemeanor. | | | | | | | | | | | | | |
| **COMPLETE THE FOLLOWING FOR DCJS, ONLY IF FINGERPRINTS ARE NOT OBTAINABLE** | | | | | | | | | | | | | |
| 14. Sex  Male  Female | | | 15. Race | | | | 16. Height        Ft.       In. | | | | | | 17. Date of Birth |