



**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. _____

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 <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Race	6. Height feet inches	7. Date of Birth
8. Crime or Offense for 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 No. 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. <input type="checkbox"/> Relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or be eligible for public office, by virtue of the fact that the certificate is issued at the time of sentence. b. <input type="checkbox"/> Relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office. c. <input type="checkbox"/> 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/her fitness for a certificate of relief from disabilities, pursuant to Art. 23, Correction Law. Applicant's Signature _____ Date _____			
16. <i>State of New York</i> County of _____ _____ 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 _____,

Signed _____