



**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, 4 Tower Place, Albany, NY 12203-3702.

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
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7. Court of Disposition (Court, Part, Term, Venue)	8. Certificate Issued by: <input type="checkbox"/> Court Indicated in No. 7 <input type="checkbox"/> State Board of Parole
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9. Date this Certificate Issued	10. Certificate Revoked Effective (Date)
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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)
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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 <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Race	16. Height Ft. In.	17. Date of Birth
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