



**TOWN OF EAST FISHKILL  
JUSTICE COURT**

330 Route 376, Hopewell Junction, NY 12533  
(845) 226-4229 Fax (845) 227-5892  
<http://www.eastfishkillny.gov>

**REQUEST FOR A CERTIFICATION OF DISPOSITION**

Name (at the time of arrest): \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number (Daytime): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_

Type of Arrest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must include a \$5.00 fee by Money Order or Certified Check for each Certificate requested and a Photo I.D.**

If request is made by mail, please include a self-addressed stamped envelope.

If it is a sealed record, would you like unsealed for the purpose of the search for a Certificate of Disposition? It will be resealed once the Certificate of Disposition is complete.

YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature