



**TOWN OF AMHERST
JUSTICE COURT**

ERIE COUNTY, NEW YORK

400 JOHN JAMES AUDUBON PKWY.

W. AMHERST, NEW YORK 14228

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TO: AMHERST TOWN COURT

RE: CERTIFICATE OF DISPOSITION OR CONVICTION REQUEST

DATE OF REQUEST: _____

FIVE DOLLAR FEE PAID BY: CASH _____ M.O. _____ CREDIT _____

DEFENDANT'S NAME: _____ DATE OF BIRTH: _____

DATE OF OFFENSE: _____ CHARGES: _____

DATE OF ARREST: _____

DATE OF CONVICTION: _____ TOWN JUSTICE: _____

REASON FOR REQUEST OF CERTIFICATE

PLEASE PRINT NAME AND ADDRESS:
(PERSON REQUESTING CERTIFICATE) _____

SIGNATURE: _____ PHONE: () _____

REQUEST FOR RELEASE OF SEALED INFORMATION

I HEREBY REQUEST OPENING OF A SEALED FILE FOR PURPOSE OF ISSUING A CERTIFICATE OF DISPOSITION OR CERTIFICATE OF CONVICTION FOR REASON LISTED ABOVE. (DEFENDANT ONLY)

SIGNATURE: _____ DATE: _____

ID VERIFIED BY CLERK: _____ DATE: _____

OR NOTARY PUBLIC:
