

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 5. Race	6. Height		7. Date of Birth
Male Female 8. Crime or Offense for which Convicted		inches ate of Arrest	10. Date of Sentence
11. Court of Sentence (Court, Part, Term,	Venue) 12. Cert	12. Certificate Requested from:	
	a. [a. Court Indicated in No. 11	
b. State Board of Parole			Parole
13. If certificate being applied existing certificate, enter i		d for is intended to replace an issue date of original certificate.	
	Date:		
		Not Applicable	
14. Application is hereby made for a grant of a "CERTIFICATE OF RELIEF FROM DISABILITIES" which will:			
a. 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. Relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office.			
c. 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. State of New York			
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	da	y of,	

Signed _____