

**STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CERTIFICATE REVIEW UNIT
The Harriman State Campus – Building 2
1220 Washington Avenue
Albany, NY 12226-2050
(518) 485-8953**

In response to your recent request, attached is an application for a Certificate of Relief from Disabilities or Certificate of Good Conduct. **Return the completed original application form (not a copy), with all signatures notarized, to the Certificate Review Unit at the above address.**

You must submit, with the original application, proof of payment of income taxes for the last three years. Satisfactory proof will be copies (do not send originals – they will not be returned) of your federal income tax returns, plus statements of wages (W-2 Forms), and copies of all statements of Miscellaneous Income (Form 1099). *If you do not have copies, you may contact the IRS at 1-800-829-1040, and they will provide you with transcripts.* If you have received Public Assistance or Social Security for any or all of this three-year period, a printout from the agency providing you with support must be submitted, showing all benefits received.

If you were convicted of a felony in a state other than New York, or in a Federal Court, you may need to be fingerprinted. You will be notified by mail if this applies to you.

An investigation into your circumstances is required and will include, but not necessarily be limited to, the following:

1. Employment history and means of support
2. Proof of payment of income taxes for the last three years
3. Proof of payment of any fines or restitution

After all necessary documents and records have been received, a field representative will contact you and arrange for an interview at your residence to clarify any questions and verify your current circumstances. The New York State Department of Corrections and Community Supervision will then evaluate your application to determine whether a certificate will be granted. Statute permits the Department of Corrections and Community Supervision to remove one, more than one, or all allowable disabilities.

This is a lengthy process, therefore, your cooperation is essential.

If, during the process, you move or change your phone number, contact this office as soon as possible.

If you desire restoration of firearms privileges and were convicted of a felony in Federal Court, you must seek relief from the Bureau of Alcohol, Tobacco and Firearms. If you were convicted of a felony in another state, you must seek relief from that state for restoration of firearms privileges.

IMPORTANT INFORMATION (Detach and retain for your records)

Granting of a Certificate removes disabilities you incurred but does not remove the underlying conviction. Neither does it limit a prospective employer or licensing agency from exercising lawful discretion to refuse employment, or to refuse to grant or renew any license, permit, or privilege.

The information below is for your guidance in determining your eligibility and the authority to which you should apply. For more specific information, consult Article 23 (Sections 700-706) of New York State Correction Law.

I. Eligibility

- A. **CERTIFICATE OF RELIEF FROM DISABILITIES:** An eligible offender is one who has been convicted of any number of misdemeanors and up to one felony.

- B. **CERTIFICATE OF GOOD CONDUCT:** This certificate is reserved for an individual who has been convicted of two or more separate felonies or an individual seeking the removal of a disability pertaining to a specific public office. One must have demonstrated a minimum period of good conduct in the community. The statutory waiting period is five years (if the highest felony on your criminal history record is an A or B) or three years (if the highest felony on your criminal history record is a C, D or E) or one year (if you have only misdemeanors on your criminal history record). The waiting period begins at the time of your last release from incarceration to community supervision, or discharge from incarceration by maximum expiration, or your last criminal conviction (which ever comes later).

II. Issuing Authority (who to apply to)

A. CERTIFICATE OF RELIEF FROM DISABILITIES:

The sentencing court is the issuing authority in all instances except where a conviction:

- 1. results in commitment to a New York State correctional facility, or
- 2. was in a federal court or court of another state and the applicant is presently a resident of New York State.

Certificates in these cases shall be issued by the New York State Department of Corrections and Community Supervision.

B. CERTIFICATES OF GOOD CONDUCT:

Only the Department of Corrections and Community Supervision is authorized to issue this certificate.

Determine which certificate you are eligible for and submit your application to the appropriate issuing authority. An investigation into your circumstances is required.

Sentencing Court

Consult the local telephone directory for address

NYS Department of Corrections and Community Supervision

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Department of Corrections and Community Supervision
Certificate Review Unit
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NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CERTIFICATE REVIEW UNIT

1. Purpose for the certificate (be specific): _____

IDENTIFYING

2. Name: _____
(Last) (First) (Middle) (Jr., Sr.)

3. Date of Birth: _____ 4. Birth Place _____
(City, State)

5. Sex: () Male () Female

6. Race: () African/American () Native American () Caucasian
() Chinese () Hispanic () Japanese () Other

7. Social Security Number: _____ - _____ - _____

8. Height: _____ 9. Weight: _____ 10. Eye Color: _____ 11. Hair Color: _____

12. Have you ever been known by any other name? If yes, indicate below and state reason(s) for change of name.

Name:	Reason for Change of Name:
_____	_____
_____	_____

RESIDENCE

13. Present Address:

_____ (Street) (City) (State) (Zip Code)

_____ (Apt. No.) (Home Phone/Cell Phone) (County)

14. For your present residence, list all members of your household below:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. List below ALL previous residences which when added to your present residence equal 5 years.

Address (Include City and State)

From – To

_____	_____
_____	_____
_____	_____
_____	_____

[If additional space is required, use reverse side of this page]

Employment Record

16. List your occupations and employers for the last 5 years or back to the time you left school. Do not omit any. Start with your present employer and work back. For each period you were unemployed, give dates of the period.

Dates (mo. & yr.)		Occupation/ Position	Name & Address of Employer	Full P/T	Immediate Supervisor	Weekly Salary
From	To					
_____	Present	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[If additional space is required, use reverse side of this page]

CITIZENSHIP

17. Are you a citizen of the United States? (check one)

() Yes, by birth; () Yes, by Naturalization, Certificate Number _____

If not a citizen, provide _____
Alien Registration Number Country

18. If you were ever in the Armed Forces of the United States, indicate the following:

Branch of Service: _____ Date of Entry into Active Duty: _____

Date of Discharge: _____ Honorable Discharge: () Yes () No

Veterans Administration Claim Number (if any): _____

CRIMINAL HISTORY

26. If known: NYSID# _____ FBI# _____ PRISON# _____

27. **RECORD OF CONVICTIONS: ALL CONVICTIONS MUST BE LISTED. ANY WILLFUL OMISSION WILL BE CONSTRUED AS A FALSIFICATION. You should rely on your own information. If any uncertainty exists, a statement to that effect will remove grounds for rejection of your application on the basis of falsification.**

Date	Court and Location	Charge – do not use codes	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

28. If you have been on probation and/or parole/community supervision, check:
 Probation Parole/Community Supervision

From	To	Parole/Community Supervision Officer/Probation Officer's Name and Address where you reported
_____	_____	_____
_____	_____	_____

29. If you have ever been committed to prison, reformatory, penitentiary or other institution, furnish the following:

Date Committed	Charge	Name of Institution and Location	Date of Release
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

30. If you previously applied for a Certificate of Relief from Disabilities, furnish:
Place: _____ Date: _____ Was it granted? _____

31. If you previously applied for a Certificate of Good Conduct, furnish:
Place: _____ Date: _____ Was it granted? _____

32. I agree to allow an investigation to be made to determine my fitness for a certificate pursuant to Article 23 of the NYS Correction Law. I hereby certify that I have fully and truthfully answered all of the above questions.

Applicant's Signature: _____ Date: _____

YOU MUST HAVE BOTH #33 AND #34 SIGNED BY A NOTARY PUBLIC

33. State of New York
County of _____

_____ being duly sworn, deposes and says that he/she is the applicant named within the 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.

Notary Public

34. **AUTHORIZATION FOR RELEASE OF INFORMATION**

I, _____, have applied to the New York State Department of Corrections and Community Supervision for a Certificate of Relief from Disabilities/Good Conduct. To facilitate the investigation of my application, I hereby authorize any individual, private business concern, state or federal agency to release to any authorized representative of the Department of Corrections and Community Supervision any information such person, private business concern, state or federal agency may have in its possession concerning me or my activities.

Signature Date

Notary Public Date