



**STATE OF NEW YORK  
CERTIFICATE OF RELIEF FROM  
DISABILITIES**

FOR COURT OR BOARD OF PAROLE  
Docket, File or other Identifying No.

*This certificate is issued to the holder to grant relief from all or certain enumerated disabilities, forfeitures, or bars to his employment automatically imposed by law by reason of his conviction of the crime or of the offense specified herein.*

***This certificate shall NOT be deemed nor construed to be a pardon.***

**SEE REVERSE SIDE FOR EXPLANATION OF THE LAW GOVERNING THIS CERTIFICATE**

*The Original Certificate is to be presented to the person to whom awarded. 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 15-18 below.)
	2. Last Name	First Name	Middle Initial	
4. Crime or offense for which convicted	5. Date of arrest		6. Date of Sentence	

7. Court of disposition (Court, Part, Term, Venue)	8. Certificate issued by:	
	a	<input type="checkbox"/> Court Indicated in No. 7
	b	<input type="checkbox"/> State Board of Parole

9. Date this certificate issued	10. If this Certificate replaces Certificate of Relief From Disabilities previously issued, give date of previous Certificate Date: <input type="checkbox"/> Not applicable
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**11. CHECK ONE BOX ONLY**

This certificate shall:

a	<input type="checkbox"/> Relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or to be eligible for public office, by virtue of the fact that this certificate is issued at the time of sentence. The Date of Sentence in this case must agree with the Date of Certificate Issued.
b	<input type="checkbox"/> Relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office.
c	<input type="checkbox"/> Relieve the holder of the forfeitures, disabilities or bars hereinafter enumerated _____

12.  This certificate shall be considered permanent.

This certificate shall be considered temporary until \_\_\_\_\_. After this date, unless revoked earlier by the issuing court or parole board, this certificate shall be considered permanent. A person who knowingly uses or attempts to use a revoked certificate in order to obtain or exercise any right or privilege that he/she would not be entitled to obtain or to exercise without valid certificate shall be guilty of a misdemeanor.

13. Signature of issuing official(s)	Print or type name(s)	14. Title(s)
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**COMPLETE THE FOLLOWING FOR DCJS, ONLY IF FINGERPRINTS ARE NOT OBTAINABLE**

15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Race	17. Height Ft.      In.	18. Date of Birth (Month, Day, Year) /      /
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