

Request for Certificate of Disposition / Conviction

Catskill Town Court

441 Main Street

Catskill, NY 12414

Email: CatskillTownCourt@NYcourts.gov

Phone: (518) 943-2141 ext 2 Fax: (518) 943-7652

Date: _____

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

ID Proof: ☐

Driver's License: _____

Passport: _____

PLEASE SEND PHOTO COPY

Date of Arrest: _____

Charge: _____

Additional Information: _____

Credit Card Payment:

\$5.00 per Disposition

CREDIT CARD: VISA ____ MASTERCARD ____ EXPIRATION DATE: ____

3 CHARACTER CODE: _____

CARD NUMBER: _____

CARD HOLDER: _____

(PRINT NAME AS APPEARS ON CARD)