

MAMARONECK VILLAGE COURT

CERTIFICATE OF DISPOSITION REQUEST FORM

(For Use When Requestor is the Defendant)

Date of Request: _____

DEFENDANT/CASE INFORMATION

Name of Defendant: _____ Date of Birth: _____

Date of Violation: _____ Docket # (if known): _____

Original Charge(s): _____

Defendant's Mailing Address: _____

Current Telephone No. (____) _____

A fee of \$5 per Certificate of Disposition is required to be paid along with this request form. Payment by Certified Bank Check or Money Order is required.

Do you prefer to pick-up the Certificate (you will be called when it is ready) or do you prefer that it be mailed to the address printed above?

☐ Pick-up

☐ Mail

Signature of Defendant: _____

Notary Public:

Sworn before me this ____ day of _____, 20____

Mailing Address & Physical Filing Address:

Mamaroneck Village Court

169 Mt. Pleasant Ave, Mamaroneck, NY 10543

Telephone: (914) 777-7710 | **Facsimile:** (914) 777-7758 | **E-Mail Filings Not Accepted**

For Office Use Only:

Receipt No. _____ Funds Collected: \$ _____ Clerk's Initials _____