



**Department of Corrections and Community Supervision  
Certificate of Relief from Disabilities - Certificate of Good Conduct  
Application and Instructions**

This is your application for a Certificate of Relief from Disabilities or for a Certificate of Good Conduct. Please review this information carefully. Then, complete the application as best you can. If you leave out information, it could take longer for the Department of Corrections and Community Supervision (DOCCS) to make a decision about your application.

**1) How do I know if I am eligible - Who can apply?**

The information below can help you understand if you are eligible. For more information, you can read Article 23 (Sections 700-706) of the New York State Correction Law.

I. Eligibility

- A. **CERTIFICATE OF RELIEF FROM DISABILITIES:** You are eligible for this certificate if you have been convicted of any number of misdemeanors and no more than one felony (two or more felony convictions in the same court on the same day are counted as one felony for deciding which certificate you are eligible for). The term “disability” refers to laws that disqualify people from holding certain jobs or other rights because of their conviction.
  
- B. **CERTIFICATE OF GOOD CONDUCT:** You are eligible for this certificate if you have been convicted of two or more separate felonies or if you are seeking a job that is specifically considered a “public office”. You must show that you have completed/achieved a certain period of good conduct in the community. You must wait 5 years if the most serious felony on your criminal record is an A or B felony, 3 years if the most serious felony on your criminal record is a C, D or E felony, or 1 year if you only have misdemeanors on your criminal record. The waiting period starts when you were last released from incarceration (prison or jail) to community supervision, or were released from incarceration (prison or jail) by maximum expiration of your sentence, or at the time of your last criminal conviction (which ever of these events comes last). If you were convicted in another state or in federal court, the waiting period will be determined by what the level of the conviction would be considered in New York State.

DOCCS will only consider applications for Certificates of Good Conduct for public office if the application lists a specific public office and includes information about laws that prevent the individual from holding the office they want the Certificate for.

## 2) Where do I apply?

**For Certificates of Relief From Disabilities**, you should apply to the court that sentenced you unless:

1. you were sentenced to a New York State (DOCCS) correctional facility, or
2. you were convicted in a federal court or a court in another state and you are now a resident of New York State. Certificates in these cases are issued by the New York State Department of Corrections and Community Supervision (DOCCS).

**For Certificates Of Good Conduct**, you must apply to the Department of Corrections and Community Supervision.

Once you have decided which certificate you are eligible for, you should apply to the appropriate agency/location.

- If you are applying to the DOCCS, fill out and mail the attached application to DOCCS at the address on page 5.
- If you are applying to the sentencing court, you can get contact information from a telephone directory or at [www.nycourts.gov](http://www.nycourts.gov). Do not submit this application form to the sentencing court. Courts use a different application form.

**If you want information about restoring your firearms rights/privileges and were convicted of a felony in a Federal Court, you must seek/request relief from the United States Department of Justice, Office of the Pardon Attorney ([www.justice.gov/pardon](http://www.justice.gov/pardon)).**

## 3) What do I need to provide to DOCCS to get my application considered?

- The Original Application Form – signed and notarized
- Copies of your Federal Income Tax Filings for the last two (2) years if you were required to file a tax return.
- Copies of your Statement and Wages (Tax Form W-2) for the last two (2) years if you earned wages.
- Copies of any miscellaneous income statements (Tax Form 1099) for the last two (2) years if you received one.

If you do not have copies of any of the documents listed above, you may contact the IRS at 1-800-829-1040. They will provide you with a copy of your records.

If you received public assistance, unemployment insurance, or Social Security benefits for any or all of this two year period, you must include a printout from the agency that provided you with these benefits/support, showing all the benefits that you received. If you had no reportable income for any or all of this two year period (including any other benefits not listed above), you must provide /submit a notarized document explaining how you supported yourself.

#### **4) What can I expect after my application has been submitted to DOCCS for review?**

Once we receive your application, DOCCS will assign a field Parole Officer for an investigation. The Officer will review:

1. Employment history and how you have supported yourself.
2. Proof that you have paid income taxes for the last two years.
3. Proof that you have paid any fines or restitution set by the courts.

After DOCCS has received all necessary documents and records from you, the field Parole Officer assigned to you will contact you to arrange an interview at your home/residence to answer any remaining questions and confirm your current circumstances and living situation. The New York State Department of Corrections and Community Supervision will then examine your application to decide whether to grant you a certificate. Under the law, DOCCS may choose to remove one, more than one, or all allowable disabilities (restrictions created by law because of your conviction history). Note that, under the law, individuals with certain conviction histories may be ineligible to have their firearm rights restored.

#### **5) How long will the process take?**

This will vary depending on the complexity of your case. The process will involve a complete review of the information you provide. Processing times depend on how complete the information you provide to DOCCS is. The assigned Parole Officer will review and check all of the information you provide. The process will be completed more quickly if you provide complete and accurate information to the best of your ability and are available to the Parole Officer when he or she contacts you.

The Parole Officer will want to see what you have been doing since your last conviction or release, including information about:

- Going to school – such as a transcript or a letter from a teacher or school administrator;
- Job Training – such as a letter from a program supervisor or administrator;
- Employment – such as letters from supervisors or other people who worked with you;
- Counseling or social service program – such as a letter from a counselor, therapist or doctor;
- Letters from Parole or Probation Officers;
- Letters from clergy;
- Letters from volunteer work

You do **NOT** need all of these items, only those that apply to you. For more examples, visit: [http://lac.org/wp-content/uploads/2014/12/How\\_to\\_Gather\\_Evidence\\_of\\_Rehabilitation\\_2013.pdf](http://lac.org/wp-content/uploads/2014/12/How_to_Gather_Evidence_of_Rehabilitation_2013.pdf)

Please note that the process will be delayed if you move any time after you submit your application. It is therefore very important for you to let the Certificate Review Unit know if you move/relocate or change your phone number after you submit your application.

## 6) **Who should I contact if I have questions or need help?**

You can call DOCCS's Certificate Review Unit at (518) 485-8953.

You can also contact the following organizations who are familiar with the process and have experience assisting applicants

Anywhere in New York State (including New York City):

- Legal Action Center - (212) 243-1313

New York City:

- Community Service Society – (212) 614-5441
- Neighborhood Defenders of Harlem (northern Manhattan residents; 96<sup>th</sup> street and above) – 212-876-5500
- Youth Represent – (212) 553-6421 or by email at [info@youthrepresent.org](mailto:info@youthrepresent.org) (if you are under the age of 24);
- Bronx Defenders – (718) 838-7878 or walk-in Monday to Friday from 9 AM to 5 PM at their Client Reception space at 360 East 161st Street; (if you live in the Bronx)
- Nassau Suffolk Law Services Committee, Inc. - (516) 292-8100 for Nassau County residents; (631) 242-3000 for Suffolk County residents
  - Nassau Office: One Helen Keller Way-5th Floor, Hempstead, New York 11550
  - Suffolk Office: 1757 Veterans Highway-Suite 50, Islandia, New York 11749

Upstate New York

- Legal Assistance of Western New York (LAWNY) – LAWNY has 6 offices serving 14 counties in western New York: Allegany, Cattaraugus, Chautauqua, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates Counties.
  - Bath – (607) 776-4126,
  - Elmira – (607) 734-1647,
  - Geneva (315) 781-1465,
  - Ithaca – (607) 273-3667,
  - Jamestown - (716) 664-4535,
  - Rochester - (585) 325-2520.
- Legal Aid Bureau of Buffalo - (716) 855-1553 (if you live in Erie County)

**7) Where should I send my completed application?**

To apply to DOCCS, please complete the attached application form and return the original copy with all signatures notarized, to this address:

**STATE OF NEW YORK**  
**DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**  
**ATTN: CERTIFICATE REVIEW UNIT**  
**The Harriman State Campus – Building 4**  
**1220 Washington Avenue**  
**Albany, NY 12226-2050**  
**(518) 485-8953**

To find out how to apply to the court that sentenced you, you can find the contact information for the court in a phone directory or by visiting the web at [www.nycourts.gov](http://www.nycourts.gov).

**If you want to restore your firearms rights/privileges and were convicted of a felony in a Federal Court, you must seek/request relief from the United States Department of Justice, Office of the Pardon Attorney ([www.justice.gov/pardon](http://www.justice.gov/pardon)).**

**IMPORTANT INFORMATION (Detach and retain for your records)**

If you are granted a Certificate, the Certificate will remove disabilities (such as license disqualifications) caused by your conviction but **it will not remove, seal, erase or expunge the underlying conviction**. You will still have a conviction and will have to tell employers and licensing agencies about the conviction if they ask.

A Certificate also does not limit the right of a prospective employer or licensing agency from using their lawful discretion to refuse you employment, or to refuse to grant or renew any license, permit, or privilege.

A Certificate is not needed to restore your right to register for or vote in an election. Those rights are completely restored when you reach the maximum expiration date of your sentence or the termination of your sentence (Executive Law §259-j or Correction Law §205).

# CERTIFICATE APPLICATION

## PURPOSE FOR REQUESTING CERTIFICATE:

Please provide your reason(s) or purpose for requesting a certificate:

Only check the reason(s) of primary interest to you:

- Secure employment and/or improve employment opportunities
- School bus driver
- Notary Public
- Long guns
- Handguns
- Other (Please specify) \_\_\_\_\_

For Long guns and/or Handguns please specify reason(s) for request (i.e., Hunting, Target, Armed Security Work, etc): \_\_\_\_\_

## APPLICANT IDENTIFYING INFORMATION:

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

Date of Birth: \_\_\_\_\_

Gender: Male  Female  X

Race:

- White
- Black/African American
- American Indian
- Asian
- Other

Ethnicity:

- Hispanic
- Non-Hispanic

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Have you ever been known by any other legal name or alias other than the name on this application?  
If yes, indicate below and state reason(s) for change of name:

Name

Reason for Legal Name Change

\_\_\_\_\_



**EMPLOYMENT HISTORY:**

To the best of your knowledge, list your occupations/jobs and employers for the past two (2) years. Start with your present employer and work back. For each period of unemployment, provide dates:

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

**DOCCS will only contact an employer as part of the investigation process if after your interview there is information that requires additional verification and DOCCS will not discuss your conviction with any employer.**

**CITIZENSHIP:**

Are you a citizen of the Unites States? (check one)

Yes, by birth       Yes, by Naturalization, Certificate Number \_\_\_\_\_

If not a citizen, provide \_\_\_\_\_  
Alien registration Number      Country

**MILITARY SERVICE HISTORY:**

If you ever served in the Unites States military, please provide:

Branch of Service: \_\_\_\_\_ Date of entry into Active Duty: \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_ Honorable Discharge:     Yes     No



**LEGAL HISTORY:**

If known: NYSID # \_\_\_\_\_ FBI # \_\_\_\_\_ Prison # \_\_\_\_\_

Record of out-of-state or federal convictions (DOCCS has access to your New York conviction information):

To the best of your knowledge, please list all out-of-state or federal convictions and adjudications.

Conviction Date	Court of Conviction (Include State, County and/or City)	Conviction Charge (Do not use codes)	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have been on out-of-state or federal probation/parole, please check below:

Probation                       Parole

From	To	<u>To the best of your knowledge</u> Parole/Probation Officer's name and address where you reported
_____	_____	_____
_____	_____	_____

If you were committed to local jail or other adult facility in the past two (2) years, please provide the information below to the best of your knowledge:

Date of Conviction	Conviction Charge	Name of Facility/Institution and Location	Date of Release
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you previously applied for a Certificate of Relief from Disabilities, please provide:

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Was it granted: \_\_\_\_\_

If you previously applied for a Certificate of Good Conduct, please provide:

Place: \_\_\_\_\_ Date: \_\_\_\_\_ Was it granted: \_\_\_\_\_

Have you ever had an Order Of Protection (OOP) issued against you?  
If yes, please provide the information below to the best of your knowledge.

Date of OOP Issuance	Court of OOP Issuance	Person(s) Protected by OOP	Date of OOP Expiration
_____	_____	_____	_____
_____	_____	_____	_____

**SOCIAL STATUS:**

Marital Status:  Single  Married  Separated  Divorced  Widow(er)  Annulled

How many times have you been married? \_\_\_\_\_

For each marriage, please give the following information:

Name Used (If different from name used on this application)	Wife's Maiden Name or Husband's Full Name	Date Married/ Divorced
_____	_____	_____
_____	_____	_____
_____	_____	_____

If during the past two (2) years you lived with a roommate(s) or live-in partner(s) to whom you were not legally married, please provide name(s) and current address below.  
Use reverse side of paper if additional space is required.

Name	Address
_____	_____
_____	_____
_____	_____

**LICENSE INFORMATION:**

Licenses you hold (Motor Vehicle, Trade, Professional or Pistol Permit):

Please use reverse side of paper if additional space is required.

Type of License	Licensing Agency	License Number	Date Issued	Expires
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**REFERENCES:**

Please provide the complete names and mailing addresses of two (2) people who we can contact to provide character references on your behalf:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

**MUST BE SIGNED BY A NOTARY PUBLIC**

State of New York  
County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposed and says that he/she is the applicant named within the application: the 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

**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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Notary Public