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| THE STATE OF NEW YORK  {{name\_of\_court}} COUNTY OF {{ name\_of\_county }}  ——————————————————————X  In the Matter of the Application of:  {{ full\_name }}  {{ nysid }}  {{ dob }}  ——————————————————————X |

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| **NOTICE OF MOTION IN SUPPORT OF SEALING PURSUANT TO CPL §160.59** |

PLEASE TAKE NOTICE that based on the attached Affidavit in Support of Sealing and any supporting documentation attached hereto; the applicant will move for this court to seal the following convictions:

1. Case Number: {{ case\_number }} entered in {{ sentencing\_court }}.
2. Case Number: {{ case\_number2}} entered in {{ sentencing\_court2 }}.

By: {{ full\_name }}

Applicant Name

{{street\_address}}

Street Address

{{ city }}, {{state}}, {{zip}}

City, State, Zip

{{ phone\_number }}

Phone

{{ email\_address }}

Email

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| THE STATE OF NEW YORK  {{name\_of\_court}} COUNTY OF {{ name\_of\_county }}  ——————————————————————X  In the Matter of the Application of:  {{ full\_name }}  ——————————————————————X |

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| **AFFIDAVIT IN SUPPORT OF SEALING PURSUANT TO CPL §160.59** |

I, {{ full\_name }} hereby state, that upon information and belief, the following facts are true:

1. I was not convicted of two or more criminal transactions.
2. No more than one of those convictions were for a felony offense.
3. I do not have any open pending criminal charges against me.
4. None of the offense that I am applying to seal consist of the following:
   1. A sex offense pursuant to Article 130 of the Penal Law; or
   2. An offense defined in Article 263 of the Penal Law; or
   3. A felony offense defined in Penal Law Article125; or
   4. A violent felony offense defined in §70.02 of the Penal Law; or
   5. A class A felony offense; or
   6. A felony offense defined in Article 105 of the Penal Law where the underlying offense is not an eligible offense; or
   7. A felony for attempting to commit an offense that is not eligible; or
   8. An offense which registration as a sex offender is required pursuant to Article 6-C of the Correction Law.
5. It has been over 10 years since I was sentenced on my most recent case, including any time period in which I was incarcerated.
6. I have not filed any previous applications for sealing under CPL §160.58 or CPL §160.59.
7. I currently do not intent to file another application for sealing under CPL §160.58 or CPL §160.59.
8. The following documents in support of my application for sealing are attached:
   1. Certificate of Disposition for each conviction I am asking this court to seal. **\*required**
   2. Affidavit of Service upon the Prosecutor. **\*required**
   3. {{ supporting\_document\_one }}.
   4. {{ supporting\_document\_two }}.
9. I respectfully request the court grant my application for sealing under CPL §160.59 for the following reasons:
10. {{ why\_the\_court\_should\_grant\_application }}

By: {{ full\_name }}

Applicant Name

{{street\_address}}

Street Address

{{ city }}, {{state}}, {{zip}}

City, State, Zip

{{ phone\_number }}

Phone

{{ email\_address }}

Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Sworn to before me this \_\_\_\_\_\_

Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

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| THE STATE OF NEW YORK  {{name\_of\_court}} COUNTY OF {{ name\_of\_county}}  ——————————————————————X  In the Matter of the Application of:  {{ full\_name }}  {{ nysid }}  {{ dob }}  ——————————————————————X |

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| **AFFIDAVIT OF SERVICE FOR SEALING PURSUANT TO CPL §160.59** |

{{ full\_name }}, the applicant, is asking this court to seal the following convictions:

1. Case Number: {{ case\_number }} entered in {{ court\_name }}.%%need
2. Case Number: {{ case\_number2}} entered in {{ court\_name2 }}.%%need

The undersigned deponent, being duly sworn, says:

I, {{ full\_name }} am over 18 years of age and reside at:

{{ full\_address }}

That on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_, I served the attached Notice of Motion and Affidavit in Support of Sealing pursuant to CPL §160.59, including any supporting documents, upon the District Attorney as listed below:

The District Attorney of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, at the following address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

by mailing a complete copy in a properly stamped and addressed envelope at the post office depository of the United States Postal Service.

by personally delivering a complete copy to the above District Attorney’s Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Serving

Sworn to before me this \_\_\_\_\_\_

Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public