
(Insert Date)

Court Clerk's Office

(Insert County Criminal Court)

(Insert Country Court Address)

(Insert Cirty, State, Zip Code)

Dear Clerk of the Court:

I was tried in _____ on _____, under
(Insert County Criminal Court) (Insert Date)

_____. I plead guilty to _____
(Insert Docket Number) (Insert Charge)

I am contacting you to request that the records of my conviction be sealed pursuant to Section [160.50, 160.55, of 160.59] of the New York State Criminal Procedure Law. Please forward sealing orders to any agency that has a record of my arrest, including the Division of Criminal Justice Services and the New York City Police Department.

In addition, please send me notification of the outcome of my sealing motion request. Thank you for your attention.

Sincerely,

(Insert Name)

(Insert Street Address)

(Insert, City, State, Zip Code)