

STATE OF NEW YORK
COUNTY OF _____
TOWN/VILLAGE/CITY COURT OF _____

DOCKET # _____
DATE OF BIRTH _____
NYSID # _____
DATE OF ARREST _____
CCN _____

THE PEOPLE OF THE STATE OF NEW YORK
V.

Defendant

TO: Sheriff of _____ County

The above named defendant having been:

convicted of the most serious offense of _____,
in violation of Section _____ Sub Div _____ of the
_____ Law, a (Class _____ Misdemeanor) (Vilocation) (Infraction);

OR adjudicated a (Mandatory) (Discretionary) Youthful Offender;

It is hereby **ORDERED** that the defendant be sentenced to imprisonment in the _____ County
Correctional Facility for:

a **DEFINITE** term of _____ days.

OR an **INTERMITTENT** term of _____ days;
said term to be served from _____ (AM/PM) on _____ (day) of each week until
_____ (AM/PM) on _____ (day) of each week, until the expiration of the term;
the first date of confinement shall be _____ and;
the last date of confinement shall be _____.

OR a fine of \$ _____ and imprisonment until the
fine is satisfied, or for a maximum period of _____ days.

AND that the sentence herein shall run
consecutive to

OR concurrent with (the undischarged portion of)
the sentence imposed on the defendant on _____ | _____ | by _____ Court.

The Commitment also satisfies the following charges:

CCN	Court	Arresting Agency	Date of Arrest	Charge	Docket Number

SPECIAL ORDERS/INSTRUCTIONS

- a period of probation, 1 Year or 3 Years
- Sentenced more than 90 days, (Presentence Report attached)
- Additional Comments _____
- Sex Offender

MANDATORY SURCHARGE INFORMATION/CRIME VICTIMS ASSISTANCE FEE (CVAF)

Pursuant to Section 60.35 of the Penal Law of the State of New York a mandatory surcharge in
the amount of \$ _____ and/or a crime victim assistance fee in the amount of \$ _____ has been
imposed, and in accordance with Section 60.35 (5) your are hereby notified that the defendant
has failed to pay the mandatory surcharge and/or crime victim assistance fee as of this date.

DATED: _____

Signature of Judge or Justice