

# FRANKLIN COUNTY CLERK



## KIP CASSAVAW

355 West Main Street, Suite 248  
P.O. Box 70  
Malone, New York 12953-0070  
518-481-1681  
800-397-8686  
Fax 518-483-9143

LESLIE J HYDE  
Deputy County Clerk  
518-481-1682  
Main Office 518-481-1681  
Motor Vehicle Office 518-481-1606

RE: Criminal Records Request

The Franklin County Clerk's Office has recently decided to put on our site [[www.franklincountyny.org](http://www.franklincountyny.org)] a **REQUEST FOR CRIMINAL RECORDS** form for searches needed relating to various reasons such as employment and abstracts to name a few.

The following information will be required with each request:

Name		Person/Company requesting
DOB		Address
Approx. date range if available		

The following fees will be required prior to the search.

Search fee \$5.00 for a (2) two year period or \$10.00 for complete search of records

The search fee will provide you the Conviction and date of Disposition if any.

Any copy charge will be extra.

Copy request \$1.30

Certified Copies \$5.00

You can request this information by email to our office or by mail. If you request by email you must open an in office account that can be charged for each request or copy. Certified Copies will have to be sent by mail to your company. You will be billed monthly for this account and will be required to pay within 30 days.

If you have any questions please do not hesitate to contact us at any of the numbers listed above or by email to [kcassavaw@franklincony.org](mailto:kcassavaw@franklincony.org) or [lhyde@franklincony.org](mailto:lhyde@franklincony.org)

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### REQUEST FOR CRIMINAL RECORDS

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

APPROXIMATE DATE RANGE IF AVAILABLE: \_\_\_\_\_

PERSON/COMPANY REQUESTING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COPY REQUEST: CERTIFIED: \_\_\_\_\_ REGULAR COPIES: \_\_\_\_\_

SEARCH FEE: \$5.00 FOR (2) TWO YEAR PERIOD/ \$10.00 FOR COMPLETE SEARCH OF RECORDS

COPY FEES: CERTIFIED COPY \$5.00 / REGULAR COPY \$1.30

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### COUNTY COURT CLERK

INDEX #: \_\_\_\_\_ LOCATION: \_\_\_\_\_

DISPOSITION DATE: \_\_\_\_\_

CONVICTION CHARGE: \_\_\_\_\_

SEALED: Y/N \_\_\_\_\_ CLERKS INITIALS: \_\_\_\_\_

COPY: Y/N