New York City Department of Health and Mental Hygiene

Prospective Children's Camp Director Certified Statement Relative to Conviction of a Crime or the Existence of a Pending Criminal Action

Re	ecord ID#:		Camp Name:			
Camp Address:		:	Borough:		Zip Code:	
Camp [Director's	s Name:		Date of Birth:		
Home A	Address:		City:	State:	Zip:	
_		peen convicted of a pending against you	crime (i.e. misdemeanor felo u?	ony) or do you	presently have a	
Yes I	No I	"Yes", submit a co	py of the disposition and pro	ovide the follow	ving information	
1.	The dat	e of the incident which	ch resulted in the criminal conv	riction or charge	<u>:</u>	
2.	The date of the conviction or charge:					
3.	. The crime you were convicted of or are presently charged with:					
4.	The nat	cure of the incident wh	nich resulted in the criminal co	nviction or charg	ge:	
5.	The city	, county and state yo	ou were convicted in or are pre	sently charged i	n:	
6.	The na	name of the court you were convicted in or are presently charged in:				
7.	The pe	nalties imposed as a	result of the conviction (i.e., fin	ne, jail term, rest	itution, etc.):	
8.	the date		posed, list on the other side or nplied with (i.e. date fine or res	•		
l, informa	ation is d	complete and accura	, certify under pena ate.	alty or perjury t	hat the above	
	ignature:		Date:			

