



Division of Criminal Justice Services

Arrest Information Update Form

INSTRUCTIONS: An arresting agency can use this form to add or delete arrest charges, modify data, void (expunge) an arrest already sent to DCJS, or seal an arrest prior to filing an accusatory instrument if the agency elects not to proceed further with the arrest (Criminal Procedure Law §160.50(3)(j)).

The form will be accepted only **via email** to DCJS SIB (State Identification Bureau) by clicking on the submit form button below or by printing, scanning and emailing to dcjs.dl.ArrestUpdates@dcjs.ny.gov.

All forms will be processed upon receipt.
Please type or print legibly.

All fields below are required.

Arresting Agency
 Name of Agency/ORI Number: _____
 Rank/Name: _____
 Email Address: _____ Phone #: _____

Arrest Information
 Arrest Date/Time: _____ Place of Arrest: _____
 Criminal Justice Tracking Number(CJTN) : _____ DOB: _____ NYSID #: _____
 Arrestee Name: _____
 Reason for change: _____

*In the event DCJS must clarify a request, and to avoid unnecessary delay in updating the information, please ensure the contact information provided is correct.

Note: Changes cannot be made to add charges to match what the DA or the court has, they will be reflected in the arraignment charges.

Charges and/or Counts: Please complete all fields for each charge.

Title	Section	Subsection	Cls	Cat	Deg	Att	Name of Offense	Cts	NCIC	Add or Delete

Change Other Information: *Examples - Name, Date of Birth, Arrest #, Date of crime, Court of Arraignment, etc.*

Void Arrest: *(for duplicate submissions please provide additional CJTN)*

Reason for Void (above arrest): _____ CJTN: (If duplicate) _____

Request to Seal Arrest (Criminal Procedure Law §160.50(3)(j))