



APPLICATION FOR CRIMINAL REHABILITATION

Language of correspondence

☐ English OR ☐ French

SECTION A TO BE COMPLETED BY APPLICANT

<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">1</div><div style="position: absolute; top: 10px; left: 10px;"><input type="checkbox"/></div><div style="position: absolute; top: 10px; left: 20px;">APPLICATION FOR APPROVAL OF REHABILITATION</div></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">2</div><div style="position: absolute; top: 10px; left: 10px;"><input type="checkbox"/></div><div style="position: absolute; top: 10px; left: 20px;">FOR INFORMATION ONLY</div></div>
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SECTION B TO BE COMPLETED BY APPLICANT

<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">1</div><div style="position: absolute; top: 10px; left: 10px;">Family name(s)</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">2</div><div style="position: absolute; top: 10px; left: 10px;">Given name(s) - Do not use initials</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">3</div><div style="position: absolute; top: 10px; left: 10px;">Sex</div><div style="position: absolute; top: 15px; left: 10px;"><input type="checkbox"/> Male <input type="checkbox"/> Female</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">4</div><div style="position: absolute; top: 10px; left: 10px;">Date of birth</div><div style="position: absolute; top: 15px; left: 10px;">DAY MONTH YEAR</div></div>	
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">5</div><div style="position: absolute; top: 10px; left: 10px;">Country of birth</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">6</div><div style="position: absolute; top: 10px; left: 10px;">Citizenship</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">7</div><div style="position: absolute; top: 10px; left: 10px;">Marital status</div><div style="position: absolute; top: 15px; left: 10px;"><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced</div></div>			
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">8</div><div style="position: absolute; top: 10px; left: 10px;">All other names that I use or have used (Include maiden name, previous married name(s), aliases and nicknames, legal change of name)</div></div>							
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">9</div><div style="position: absolute; top: 10px; left: 10px;">1) Family name</div><div style="position: absolute; top: 10px; left: 30px;">Given name(s)</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">10</div><div style="position: absolute; top: 10px; left: 10px;">2) Family name</div><div style="position: absolute; top: 10px; left: 30px;">Given name(s)</div></div>					
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">11</div><div style="position: absolute; top: 10px; left: 10px;">My home address is</div><div style="position: absolute; top: 15px; left: 10px;">No. & street</div><div style="position: absolute; top: 15px; left: 40px;">Apt./Unit</div></div>				<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">12</div><div style="position: absolute; top: 10px; left: 10px;">Mailing address</div><div style="position: absolute; top: 15px; left: 10px;">No. & street</div><div style="position: absolute; top: 15px; left: 40px;">Apt./Unit</div></div>			
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">13</div><div style="position: absolute; top: 10px; left: 10px;">City/Town</div><div style="position: absolute; top: 10px; left: 20px;">Province / State / Country</div><div style="position: absolute; top: 10px; left: 40px;">Postal / ZIP code</div></div>				<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">14</div><div style="position: absolute; top: 10px; left: 10px;">City/Town</div><div style="position: absolute; top: 10px; left: 20px;">Province / State / Country</div><div style="position: absolute; top: 10px; left: 40px;">Postal / ZIP code</div></div>			
<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">15</div><div style="position: absolute; top: 10px; left: 10px;">Home telephone no.</div><div style="position: absolute; top: 15px; left: 10px;">Area code No.</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">16</div><div style="position: absolute; top: 10px; left: 10px;">Business telephone no.</div><div style="position: absolute; top: 15px; left: 10px;">Area code No.</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">17</div><div style="position: absolute; top: 10px; left: 10px;">Fax no.</div><div style="position: absolute; top: 15px; left: 10px;">Area code No.</div></div>		<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100%; height: 40px; position: relative;"><div style="position: absolute; top: 5px; left: 5px;">18</div><div style="position: absolute; top: 10px; left: 10px;">Time</div><div style="position: absolute; top: 15px; left: 10px;">Indicate most convenient time to reach you by telephone</div><div style="position: absolute; top: 15px; left: 40px;"><input type="checkbox"/> AM <input type="checkbox"/> PM</div></div>	

19

I may be inadmissible to Canada because of the following offence(s): (use a separate sheet if necessary, entitled #14: Offences / Convictions)

OFFENCE(S)/CONVICTION	DATE(S) OF OFFENCE(S)/CONVICTION	PLACE OF OFFENCE(S)/CONVICTION	SENTENCE(S)	STATUTE NUMBER(S)
	DAY MONTH YEAR			

20

On a separate sheet of paper, explain in detail the events/circumstances leading to the offence(s)/conviction(s). Indicate #15: Events / Circumstances on the sheet of paper.

WARNING

DETAILS OF ALL OFFENCES AND CONVICTIONS MUST BE ACCURATELY RECORDED ON THIS DOCUMENT. PROVIDING FALSE OR MISLEADING INFORMATION WILL LIKELY RESULT IN A REFUSAL OF YOUR APPLICATION AND MAY PERMANENTLY BAR YOUR ADMISSION TO CANADA.

16 Explain the purpose of your visit or stay in Canada

17 On a separate sheet of paper, provide reasons why you consider yourself to be rehabilitated and why you do not represent a risk to public safety. Indicate #17: Rehabilitation Factor on the sheet of paper.

18 Addresses for the past 10 years. (Use a separate sheet if necessary)

Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses.

DATES		NUMBER AND STREET (Do not use P.O. boxes)	APT. No.	CITY OR TOWN	PROVINCE / STATE COUNTRY
FROM MONTH YEAR	TO MONTH YEAR				

19 Employment for the past ten years starting with your present employer (Use a separate sheet if necessary).

List every job and/or period of unemployment and/or school attendance for the past ten years. Your application will be returned to you if any period of time is missing.

DATES		NAME AND ADDRESS OF COMPANY (Write name in full, do not use abbreviations)	OCCUPATION
FROM MONTH YEAR	TO MONTH YEAR		

THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE CANADA *IMMIGRATION AND REFUGEE PROTECTION ACT* AND IS STORED IN PERSONAL INFORMATION BANK NUMBER CIC PPU 042, 054 OR 300. THE INFORMATION IS PROTECTED UNDER THE PROVISIONS OF THE *PRIVACY ACT* AND IS ACCESSIBLE TO YOU UPON REQUEST.

20 I certify that the information provided by me is true and complete to the best of my knowledge.

I also certify that I am not currently charged with any criminal offence.

SIGNATURE OF APPLICANT ►

DATE ►

DAY MONTH YEAR

SECTION C TO BE COMPLETED BY THE OFFICER.

1 Name of originating office	2 File no.	3 NHQ file no. (if known)
4 Cost recovery code	Fee	GST
5 FOSS / NCMS ID no.	Receipt no.	
6 Equivalent offence(s) under Canadian law		7 Maximum penalty under Canadian law
8 Inadmissibility provision(s)	<input type="checkbox"/> A36(1)a <input type="checkbox"/> A36(1)b <input type="checkbox"/> A36(1)c <input type="checkbox"/> A36(2)a <input type="checkbox"/> A36(2)b <input type="checkbox"/> A36(2)c	
9 Eligible to apply for rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	10 Date when subject was / will be eligible <div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> </div>
11 If subject is not eligible, state reason(s)		
12 Officer's recommendation		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> I recommend approval of rehabilitation <input type="checkbox"/> I do not recommend approval of rehabilitation </div> <div> <input type="checkbox"/> I recommend an application for a Temporary Resident's Permit <input type="checkbox"/> I do not recommend an application for a Temporary Resident's Permit </div> </div>		
13 Reasons for recommendation		
14 Name of officer	15 Signature of officer	Date <div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div>MONTH</div> <div>YEAR</div> </div>

Reviewing officer's recommendation ▶ 16 <input type="checkbox"/> I concur / approve	17 <input type="checkbox"/> I do not concur / approve
18 Comments	
19 Name of reviewing officer	20 Signature of reviewing officer
<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div>DAY MONTH YEAR</div> </div>	

21 List of documents or photocopies attached - check those attached
<input type="checkbox"/> Passport
<input type="checkbox"/> Driver's License and USA Birth Certificate (USA-born citizens only)
<input type="checkbox"/> Court judgement(s)
<input type="checkbox"/> Text of non-Canadian statutes
<input type="checkbox"/> Police certificate
<input type="checkbox"/> Documentation re: sentence, parole, probation, fine or pardon
<input type="checkbox"/> Documentation re: juvenile offender
<input type="checkbox"/> Other documentation (specify)
I certify that a copy of these documents has been provided to the applicant and that the applicant has been given an opportunity to provide comments.
22 Name of officer
23 Signature of officer
<div style="display: flex; justify-content: space-between;"> <div>Date</div> <div>DAY MONTH YEAR</div> </div>

SECTION D FOR OFFICE USE ONLY

Notification by (fax/e-mail) received that authority from the Minister for relief under A36(1)(b) or A36(1)(c) was:	▶ <input type="checkbox"/> Granted <input type="checkbox"/> Refused	Initials	Date DAY MONTH YEAR
Authority from the Minister's delegate for relief under A36(2)(b) or A36(2)(c) granted	▶ <input type="checkbox"/> Yes <input type="checkbox"/> No		Date DAY MONTH YEAR
Name (please print)	Title		
SIGNATURE ▶	Date DAY MONTH YEAR		