



APPLICATION FOR CRIMINAL REHABILITATION

Language of correspondence

☐ English OR ☐ French

SECTION A TO BE COMPLETED BY APPLICANT

1	<input type="checkbox"/> APPLICATION FOR APPROVAL OF REHABILITATION	2	<input type="checkbox"/> FOR INFORMATION ONLY
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SECTION B TO BE COMPLETED BY APPLICANT

1	Family name		Given name(s) - Do not use initials					
2	Date of birth (YYYY-MM-DD)	3	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4	Country of birth	5	Citizenship	
6	Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated							
7	All other names that I use or have used (Include maiden name, previous married name(s), aliases and nicknames, legal change of name)							
	1) Family name		Given name(s)		2) Family name		Given name(s)	
8	My home address is							
	No. & street						Apt./Unit	
	City/Town			Province / State / Country			Postal / ZIP code	
9	Mailing address All correspondence should be mailed to box 8 <input type="checkbox"/> or to:							
	No. & street						Apt./Unit	
	City/Town			Province / State / Country			Postal / ZIP code	
10	Home telephone no.		11	Business telephone no.		12	Fax no.	
						13	Indicate most convenient time to reach you by telephone	
							Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
14	E-mail address (Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.)							

15	I may be inadmissible to Canada because of the following offence(s): (use a separate sheet if necessary, entitled #15: Offences / Convictions)				
	OFFENCE(S)/CONVICTION	DATE(S) OF OFFENCE(S)/CONVICTION (YYYY-MM-DD)	PLACE OF OFFENCE(S)/CONVICTION	SENTENCE(S)	STATUTE NUMBER(S)
16	On a separate sheet of paper, explain in detail the events/circumstances leading to the offence(s)/conviction(s). Indicate #16: 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.

17	Explain the purpose of your visit or stay in Canada
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18	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 #18: Rehabilitation Factor on the sheet of paper.
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19	Addresses since the age of 18. (Use a separate sheet if necessary)
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 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 (YYYY-MM)	TO (YYYY-MM)				

20	Provide the details of your employment history since the age of 18. Start with the most recent information. Under "OCCUPATION", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, traveling, in detention, etc.)
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Note: Please ensure that you do not leave any gaps in time.




 Failure to account for all time periods will result in a delay in the processing of your application.

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

THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE CANADA *IMMIGRATION AND REFUGEE PROTECTION ACT* AND IS STORED IN PERONAL 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.

21	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.
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="flex-grow: 1; border-top: 1px solid black; text-align: center;">SIGNATURE OF APPLICANT</div> <div style="border-top: 1px solid black; text-align: center;">Date (YYYY-MM-DD)</div> </div>	

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	Receipt no.			5	FOSS / NCMS ID 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="border: 1px solid black; padding: 2px; display: inline-block;">(YYYY-MM-DD)</div>		
11	If subject is not eligible, state reason(s)								
12	Officer's recommendation								
<input type="checkbox"/> I recommend approval of rehabilitation <input type="checkbox"/> I recommend an application for a Temporary Resident's Permit <input type="checkbox"/> I do not recommend approval of rehabilitation <input type="checkbox"/> I do not recommend an application for a Temporary Resident's Permit									
13	Reasons for recommendation								
14	Name of officer				15	Signature of officer			
					Date (YYYY-MM-DD)				

Reviewing officer's recommendation	<div style="border: 1px solid black; padding: 2px;">16</div>	<input type="checkbox"/> I concur / approve	<div style="border: 1px solid black; padding: 2px;">17</div>	<input type="checkbox"/> I do not concur / approve
<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">18</div> Comments </div>				
<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">19</div> Name of reviewing officer </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; text-align: center; line-height: 20px;">20</div> Signature of reviewing officer </div>	<div style="border: 1px solid black; padding: 5px;"> Date (YYYY-MM-DD) </div>		

<div style="border: 1px solid black; padding: 2px;">21</div>	List of documents or photocopies attached - check those attached
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License and USA Birth of 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.	
<div style="border: 1px solid black; padding: 2px;">22</div>	<div style="border: 1px solid black; padding: 5px;"> Name of officer </div>
<div style="border: 1px solid black; padding: 2px;">23</div>	<div style="border: 1px solid black; padding: 5px;"> Signature of officer </div>
<div style="border: 1px solid black; padding: 5px;"> Date (YYYY-MM-DD) </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 (YYYY-MM-DD)
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 (YYYY-MM-DD)	
Name (please print)	Title			
SIGNATURE				Date (YYYY-MM-DD)