

This 11-page form can be completed electronically. For expedited service, we require 2 methods for your forms to be submitted to us (in duplicate).

1) Email your completed form to admin@recordremoval.org,
and,

2) Mail your completed form to;
Record Removal Services, Stage 1 Department:
400 Applewood Crescent, **Suite 100, Concord, Ontario, L4K 0C3**

PLEASE KEEP YOUR CLIENT ID NUMBER FOR FUTURE REFERENCE TO HELP OUR OFFICE MATCH YOUR RECORDS. IF YOU FORGET OR LOOSE YOUR CLIENT ID NUMBER, CALL US AT 1-866-922-8159 Ext. 1.

FOR OFFICE USE ONLY

Client ID Number:

* All information must be completed in detail to assist us in preparing required documents for you. * If you do not fill in all sections, we will return this form to you requesting the missing information. If certain sections do not apply to you, please write "N/A" (Not Applicable). If you do not know certain answers, please write "Unknown".

**SEVERE PENALTIES ARE PROVIDED BY CANADIAN & U.S. LAW FOR
KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT**

CHECK OFF THE BOX THAT IS APPLICABLE TO YOUR APPLICATION

Canadian Pardon

U.S. Travel Waiver

both Pardon & Waiver

File Destruction

TRP

PERSONAL INFORMATION

Family Name (Last Name)	Given Name (First Name)	Middle Name	<input type="checkbox"/> Male
			<input type="checkbox"/> Female

Other Names Used (include birth name, alias, legal name change, names by previous marriage(s))

1)	4)
2)	5)
3)	6)
Date of Birth (MM/DD/YYYY):	Citizenship / Nationality:
/ /	

If you were NOT BORN IN CANADA you must provide us with copies of your official and valid immigration documentation. For example copies of both sides of your Canadian Citizenship Card; Permanent Residence Card; Record of Landing; or any other official immigration documents.

Place of Birth: City/Town	Province / State	Country
U.S Social Security No. (if any):		

U.S Alien Registration Number (A-Number) (if any):			
Telephone Numbers:			
Home:		Cell:	
		Work:	
Primary E-mail Address:			
Secondary E-mail Address (if applicable)			
Do you have a valid Driver's License:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Driver License Number (if yes):		Province of Issue:	

CURRENT ADDRESS INFORMATION			
Current Home Address (Do not use P.O. BOX) Street Number & Name			Apt. #/Unit
City	Province	Postal Code	Country
When did you move to this address? FROM (MM/DD/YYYY):		/ /	TO: Present Time

MAILING ADDRESS INFORMATION			
Mailing Address (if different from home address listed above) Street Number & Name			Apt. #/Unit
City	Province	Postal Code	Country

PREVIOUS RESIDENCE ADDRESSES (During the PAST 5 YEARS)					
List all previous addresses in full that you have resided at for the last 5 years (Do not use P.O. BOX) starting with the last place you lived prior to your current physical address.					
a) Street Number & Name					Apt. #/Unit
City	Province / State	Postal / ZIP Code	Country	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):
				/ /	/ /
b) Street Number & Name					Apt. #/Unit
City	Province / State	Postal / ZIP Code	Country	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):

				/ /	/ /
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PREVIOUS RESIDENCE ADDRESSES (During the PAST 5 YEARS) (CONTINUED)					
c) Street Number & Name					Apt. #/Unit
City	Province /State	Postal / ZIP Code	Country	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):
				/ /	/ /
d) Street Number & Name					Apt. #/Unit
City	Province /State	Postal / ZIP Code	Country	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):
				/ /	/ /
e) Street Number & Name					Apt. #/Unit
City	Province /State	Postal / ZIP Code	Country	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):
				/ /	/ /

*** Please attach a separate sheet if necessary, titled: PREVIOUS RESIDENCE ADDRESSES ***

EMPLOYMENT INFORMATION				
Are you currently employed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you have never worked, please indicate here	<input type="checkbox"/>
List all employment information for the last 5 years. List present employer first.				
If you have not worked, write N/A (not applicable).				
1. Full Name of Employer				
Address of Employer				
Street Number & Name	Unit	City	Province/State	Country
Occupation (specify)			FROM (MM/DD/YYYY):	TO PRESENT
			/ /	/ /
2. Full Name of Employer				

EMPLOYMENT INFORMATION (CONTINUED)					
Address of Employer Street Number & Name		Unit	City	Province/State	Country
Occupation (specify)			FROM	TO	
			(MM/DD/YYYY	(MM/DD/YYYY	
			/ /	/ /	
3. Full Name of Employer					
Address of Employer Street Number & Name		Unit	City	Province/State	Country
Occupation (specify)			FROM	TO	
			(MM/DD/YYYY	(MM/DD/YYYY	
			/ /	/ /	
4. Full Name of Employer					
Address of Employer Street Number & Name		Unit	City	Province/State	Country
Occupation (specify)			FROM	TO	
			(MM/DD/YYYY	(MM/DD/YYYY	
			/ /	/ /	
5. Full Name of Employer					
Address of Employer Street Number & Name		Unit	City	Province/State	Country
Occupation (specify)			FROM	TO	
			(MM/DD/YYYY	(MM/DD/YYYY	
			/ /	/ /	

*** Please attach a separate sheet if necessary, titled: EMPLOYMENT INFORMATION ***

If you have not been employed for the last 5 years, please provide information of your <u>Last Employer</u> :				
Full Name of Employer				
Address of Employer Street Number & Name		Unit	City	Province/State Country
Occupation (specify)			FROM	TO
			(MM/YYYY):	(MM/YYYY):
			/ /	/ /

PERSONAL INFORMATION (CONTINUED)		
Complete the following for:	Father's Details	Mother's Details
Family Name (For mother, give <u>Maiden Name</u>)		
First Name:		
Date of Birth (MM/DD/YYYY):	/ /	/ /
City of Birth:		
Country of Birth:		
City of Residence:		
Country of Residence:		

Complete this section only if you are currently married (If not, write N/A) or if you were previously married (If not, write N/A)		
Complete the following for:	CURRENT Spouse	FORMER Spouse
Family Name (For wife, give <u>Maiden Name</u>)		
First Name:		
Date of Birth (MM/DD/YYYY):	/ /	/ /
City of Birth:		
Country of Birth:		
Date of Marriage (MM/DD/YYYY):	/ /	/ /
City or Town of Marriage:		
State or Province of Marriage:		
Country of Marriage:		
Date of Termination of Marriage (MM/DD/YYYY):	/ /	

Place of Termination of Marriage	
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MILITARY SERVICE HISTORY

Have you ever been a member of the Canadian Forces?

☐ No ☐ Yes - Former Yes - Current
☐ Yes - Former or Current Reserve Member

If yes, indicate your Unit's Level of Service:

☐ Regular Forces ☐ Reserve Forces

If yes, provide the complete mailing address of your unit: Street Address

City

Province

Postal Code

Country

Military / Service ID
Number:(Your ID number may be your
SIN #)

Unit:

Years of Service:

From: (MM/DD/YYYY) / /

To: (MM/DD/YYYY) / /

****Please attach a separate sheet if necessary, titled: IMMIGRATION AND CRIMINAL HISTORY PART 1****IMMIGRATION AND CRIMINAL HISTORY (PART 1)**1. Were you ever arrested? (If yes, please indicate City and Police Detachment below. If no, please write N/A)☐ Yes ☐ No

2. Have you ever been arrested outside of Canada? (If yes, please explain in full detail below. If no, please write N/A)

☐ Yes ☐ No

CRIMINAL CONVICTION HISTORY

(Complete the following information to the best of your recollection; try to be as accurate as possible.)

***** Conviction #1 *****

a) The Court(s) in which you were convicted Court House	City	Province
b) The Police Detachment(s) that charged and arrested you	City	Province
c) The Charge:		
d) The Date(s) of sentence (MM/DD/YYYY) - approximate time if you don't recall exactly	/	/
e) The actual sentence(s) you received:		
f) If any convictions after 1992 were in Toronto, identify which Court(s) you attended (6 different Courts have operated in Toronto since 1992)		

***** Conviction #2 *****

a) The Court(s) in which you were convicted Court House	City	Province
b) The Police Detachment(s) that charged and arrested you	City	Province
c) The Charge:		
d) The Date(s) of sentence (MM/DD/YYYY) - approximate time if you don't recall exactly	/	/
e) The actual sentence(s) you received:		
f) If any convictions after 1992 were in Toronto, identify which Court(s) you attended (6 different Courts have operated in Toronto since 1992)		

***Please attach a separate sheet with any additional convictions. ***

TRAVEL INFORMATION

Location at which you plan to enter the United States (desired Port-of-Entry):

City

State

Name of Port-of-Entry:

How do you plan to travel to the U.S.? (for example by plane, ship, car):

When do you plan to enter the U.S. (MM/DD/YYYY):

Approximate Length of Stay
in the U.S.:

What is the purpose of your stay in the United States? Explain fully below.

IMMIGRATION AND CRIMINAL HISTORY

1. Do you believe that you may be inadmissible to the United States?

☐ Yes ☐ No

Explain the reason(s) why you believe that you may not be admissible to the U.S. (for example, Criminal Conviction(s), Health-related grounds, etc.):

2. If you were told that you are inadmissible to the U.S., provide the reason you were given:

3. Have you ever been refused entry into the United States?

☐ Yes ☐ No

(If yes, please explain in full detail below. If no, please write N/A)

***Please attach a separate sheet if necessary, titled: IMMIGRATION AND CRIMINAL HISTORY #1 ***

4. Have you ever been deported from the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No															
<i>(If yes, please explain in full detail below. If no, please write N/A)</i>																	
5. Have you previously filed an application for advance permission to enter the U.S. as a non-immigrant?		<input type="checkbox"/> Yes <input type="checkbox"/> No															
➔ If YES, provide the following details below:																	
a) Date Application Filed (MM/DD/YYYY):																	
b) Location where you filed your application (for example, U.S. Citizenship and Immigration Services (USCIS) Office or Port-Of-Entry)																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">(USCIS) Office or Port-Of-Entry</td> <td style="width: 33%; padding: 5px;">Province or State</td> <td style="width: 33%; padding: 5px;">Country</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>			(USCIS) Office or Port-Of-Entry	Province or State	Country												
(USCIS) Office or Port-Of-Entry	Province or State	Country															
➔ c) Receipt number (if available)																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>																	

Please attach a separate sheet if necessary, titled: IMMIGRATION AND CRIMINAL HISTORY #2 *

IMMIGRATION AND CRIMINAL HISTORY (CONTINUED)				
6. Have you EVER been in the United States for a period of 6 months or more?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
➔ If YES, provide the following details below:				
If yes, what was the date you entered into the U.S.? (MM/DD/YYYY):	/ /	For how long?	FROM (MM/DD/YYYY):	TO (MM/DD/YYYY):
	/ /		/ /	/ /
What was your immigration status at the time of entry into the U.S.?				

Please attach a separate sheet if necessary, titled: IMMIGRATION AND CRIMINAL HISTORY #3 *

7. Have you EVER filed an application or petition for Immigration Benefits with the U.S. Government or has one ever been filed on your behalf?		<input type="checkbox"/> Yes <input type="checkbox"/> No
➔ If YES, provide the following details below:		
Type of application or petition filed:	Location where you (or the other person) filed the application or petition (for example, USCIS office or Port-of-Entry):	Describe the outcome of the application or petition (for example, approved, denied, or is pending):
1.		
2.		
3.		
4.		
5.		

***Please attach a separate sheet if necessary, titled: IMMIGRATION AND CRIMINAL HISTORY #**

IMMIGRATION AND CRIMINAL HISTORY (CONTINUED)		
8. Have you EVER been denied or refused an immigration benefit by the U.S. Government or had a benefit revoked or terminated (including but not limited to Visas)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	➔ If YES, describe in detail below:

*** Please attach a separate sheet if necessary, titled: IMMIGRATION AND CRIMINAL HISTORY #5 ***

* This section for TORONTO court convictions. Please skip if your hearing was **not** in Toronto.

COURT LOCATIONS (please identify which Toronto Court locations you were convicted at from the list below)

Toronto Court Locations	Select all applicable boxes
311 Jarvis St. Toronto, ON M5B 2C4	<input type="checkbox"/> Yes <input type="checkbox"/> No
361 University Avenue, Toronto, ON M5G 1T3	<input type="checkbox"/> Yes <input type="checkbox"/> No
1911 Eglinton Avenue East, Toronto, ON M1L 4P4	<input type="checkbox"/> Yes <input type="checkbox"/> No
444 Yonge St. (College Park) – 2 nd Floor, Toronto, ON M5B 2H4	<input type="checkbox"/> Yes <input type="checkbox"/> No
1000 Finch Avenue West, Toronto, ON M3J 2V5	<input type="checkbox"/> Yes <input type="checkbox"/> No
2201 Finch Avenue West, Toronto, ON M9M 2Y9	<input type="checkbox"/> Yes <input type="checkbox"/> No
60 Queen St. West (Old City Hall), Toronto, ON M5H 2M4	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If you were arrested in Toronto and do not have this information or you do not remember, please let us know at your earliest convenience	

BIOGRAPHIC INFORMATION

1. Ethnicity (Select only one box)					<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino		
2. Race (Select all applicable boxes)									
<input type="checkbox"/>	White	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
3. Height		Feet		Inches		4. Weight		Pounds:	
5. Eye Colour (Select only one box)									
<input type="checkbox"/>	Black	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Brown	<input type="checkbox"/>	Gray	<input type="checkbox"/>	Green
<input type="checkbox"/>	Hazel	<input type="checkbox"/>	Maroon	<input type="checkbox"/>	Pink	<input type="checkbox"/>	Unknown/Other		
6. Hair Colour (Select only one box)									
<input type="checkbox"/>	Bald (No hair)	<input type="checkbox"/>	Black	<input type="checkbox"/>	Blonde	<input type="checkbox"/>	Brown	<input type="checkbox"/>	Gray
<input type="checkbox"/>	Red	<input type="checkbox"/>	Sandy	<input type="checkbox"/>	White	<input type="checkbox"/>	Unknown/Other		

DATE COMPLETED



AUTHORIZATION AND DIRECTION

To Whom It May Concern

Dear _____ :

Re: Record Suspension and/or Purge Application

You are hereby authorized and directed to provide information and documents as may be reasonably requested by my representatives with respect to above-mentioned matter, including, but not limited to RCMP National Criminal Record Searches, Court Information searches, Local Police Record searches, Military Conduct Record searches, Pardoned document searches, destruction of records of non-convictions, discussions of file contents, and to forward results thereof to them at the following address:

Record Removal Services of Canada
400 Applewood Crescent, Suite 100
Concord, Ontario, L4K 0C3

Tel: +1 (866) 922-8159
Fax: +1 (647) 847-8129
Email: admin@recordremoval.org

And for so doing this shall be your good and sufficient authorization.

Sincerely,



The Commissioner, RCMP
Post Office Box 8885
Ottawa, Ontario, K1G 3M8

Attention: Identification Service Directorate, Civil Section

Dear _____ :

Re: Consent for RCMP to disclose the results of Criminal Record Check

I, _____, hereby provide consent to the Royal Canadian Mounted Police to disclose the results of a probe of my fingerprints against the national repository of criminal records in Canada to:

Record Removal Services Canada
400 Applewood Crescent, Suite 100
Concord, Ontario, L4K 0C3

Tel: +1 (866) 922-8159
Fax: +1 (647) 847-8129
Email: admin@recordremoval.org

I absolutely understand that I am entitled to receive this data in person, and my refusal to consent to release of this data to the above person or company won't have any negative disadvantages on my submission.

Sincerely,

Fingerprints requested for:
Record Suspension (Pardon) _____ Waiver _____ Both Record Suspension & Waiver _____
File Destruction _____ TRP _____



RECORD SUSPENSION APPLICATION FORM
Please print clearly using black ink. You must answer all questions.

SECTION A: PERSONAL INFORMATION – You must answer all questions.

1. What is your full legal name? (You must fill in your name and date of birth at the top of page 2 as well.)

Last Name: _____ Given Name(s): _____

2. Have you ever used another name other than your legal name above (include nicknames)?

No **Yes** If YES, please write the other names below or your application will be returned to you.

Previous Last Name(s)	Previous Given Name(s)

3. What is your gender? **MALE** **FEMALE**

4. What is your date of birth?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

5. Were you born in Canada? **No** **Yes**

6. Do you have a Driver's Licence? **No** **Yes** If YES, what is your Driver's Licence number? _____ Province: _____

7. Are you employed? **No** **Yes** If YES, who is your employer?
If you are self employed please indicate the name and/or number of your company.

Employer Name: _____ Company name and/or number: _____

SECTION B: CORRESPONDENCE AND RESIDENCE INFORMATION – You must answer all questions.

8. What is your mailing address? (Please specify if this is the address of a representative)
"All information about a decision will be sent to this address, except, in cases where the Board must contact you directly (e.g. a proposal to refuse)"

Apartment/House Number and Street Address _____ City/Town _____ Province _____ Postal Code _____ Country _____

9. Do you want information in English or French? (This will include all official letters and the Record Suspension document). **English** **French**

10. What addresses have you lived at in the last 10 years? Include your current address. P.O. Boxes will not be accepted.

Apartment/House Number and Street Address	City/Town	Province	Country	Postal Code	From						To					
					Y	Y	Y	Y	M	M	Y	Y	Y	Y	M	M
											Present					

Please turn this form over. ►

RECORD SUSPENSION APPLICATION FORM
Please print clearly using black ink. You must answer all questions.

APPLICANT INFORMATION – You must fill in this information.

Indicate the full legal name and date of birth of the applicant provided on the front of this form:

Full legal name: _____

Date of birth:

Y	Y	Y	Y	M	M	D	D
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CONTACT INFORMATION – You must answer all questions. The Parole Board will need to contact you directly.

11. Telephone Number: _____ Can we leave a voicemail message? Yes No

If you do not have a telephone, provide a mailing address: _____

12. Can we contact someone else about your application? No Yes ► If YES, give us their name and telephone number:

Name: _____ Telephone Number: _____

13. Have you ever been a member of the Canadian Forces? (If YES, see Step 3 of the Record Suspension Application guide and fill in the information below)

NO

YES – Former

Military Service ID Number

YES – Current

YES – Former or current reserve member

Date of Enrolment:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Date of discharge:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Provide the complete mailing address of your unit (your commanding officer may be contacted)

Unit Name	Sub-Unit Name	Street Address or P.O. Box Number	City/Town	Province	Postal Code
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CONVICTION INFORMATION – You must answer all questions.

14. Do you have any other convictions that do not appear on your Criminal Record, including convictions in another country? No Yes If YES, provide details below:

Offence	Arresting Police	Sentence	Date (YYYY-MM-DD)	Court (Street/City/Province)
			- -	
			- -	
			- -	
			- -	

APPLICANT AUTHORIZATION

15. The information you provide in this application is collected under the authority of the *Criminal Records Act* for the purpose of processing your request for a record suspension. You have the right to the correction of, access to and protection of, your personal information under the *Privacy Act*. Personal information collected during the investigation of your application will be stored in Personal Information Bank Number PBC PPU 010 and can be accessed and assessed for accuracy by sending a written request to the Access to Information and Privacy Coordinator, Parole Board of Canada, 410 Laurier Avenue West, Ottawa, ON K1A 0R1. Exempt personal information obtained from external partners in the course of processing this application cannot be provided upon request.

You must sign and date this form to confirm the following: I understand that the information may be used in a record suspension decision, to conduct inquiries, and may be used in summary form for reporting, quality control, performance measurement, evaluation, research purposes and to establish an inventory of record suspensions. I grant permission for the disclosure of relevant personal information about me with justice system participants as defined in the *Criminal Code*, as may be deemed necessary for the purpose of the investigation related to this application and for the purpose of any record suspension decision.

I certify that the statements made by me in this application are true and complete. (Failure to sign this authorization will result in your application being returned to you as incomplete.)

Sign here: ► _____

(Applicant's Signature)

Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---



**MEASURABLE BENEFIT/SUSTAINED
REHABILITATION FORM**

For the purpose of a Record Suspension Application
Please print clearly using blue ink. You must answer all questions.
Attach additional pages if required.

SECTION A: PERSONAL INFORMATION – You must answer all questions.

What is your full legal name? (You must fill in your name and date of birth at the top of page 2 and any additional pages that you attach to this form).

Last Name: _____ Given Name(s): _____

What is your date of birth?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

 Signature: _____

SECTION B: You must answer all questions.

1. **Clearly indicate how a record suspension would provide you with a measurable benefit and how it would sustain your rehabilitation into society as a law abiding citizen.**

2. **Describe all positive changes you have already made to improve your situation since your conviction. You may include supporting documents.**

Please turn this form over. ►

**MEASURABLE BENEFIT/SUSTAINED
REHABILITATION FORM**

**For the purpose of a Record Suspension Application
Please print clearly using blue ink. You must answer all questions.
Attach additional pages if required.**

APPLICANT INFORMATION – You must fill in this information

Indicate the full legal name and the date of birth of the applicant provided on the front of this form

Full legal name: _____

What is your date of birth?

Y	Y	Y	Y	M	M	D	D
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SECTION B: (CONTINUED) – You must answer all questions.

- 3. Information on the offence(s). Describe the circumstances and how/why EACH of the offences was committed. (Who, What, When, Where and How)**

- 4. For all sexual offences, include the age of the victim. Provide official documentation if available.**

RECORD SUSPENSION APPLICATION USER FEE- CREDIT CARD PAYMENT FORM

Do not fax or e-mail this form. Attach this form to your completed record suspension application and mail to the Parole Board of Canada (PBC) at the address listed in the Official PBC Record Suspension Application Guide

PBC USE ONLY – Do not complete this section

Date of transaction: / /
 year month day

Authorization Code:

Processed by:

Reference number:

Complete the section below to submit your payment by credit card. Please print clearly.

Record suspension applicant's name:

Name exactly as it appears on the credit card:

Complete billing address of cardholder:

Apartment/House Number
and Street Address

City/Town

Province

Postal Code

Country

Your signature is pre-authorizing a onetime charge of \$631 on the above credit card for the processing of a record suspension application. Please not that no refund is possible once the application has been accepted.

► Signature of cardholder:

TYPE OF CREDIT CARD

The following information will be destroyed once the transaction is completed or if the application is not accepted.

VISA

Mastercard

Amex

Credit card number :

Expiry date:

$$\frac{\text{year}}{\text{month}}$$

PRIVACY NOTICE STATEMENT

The information you provide on this form is collected under the authority of the *Financial Administration Act* for the purpose of processing the payment of your record suspension application. You have the right to the correction of, access to and protection of, your personal information under the *Privacy Act*. Personal information collected through the processing of your payment will be stored in the Record Suspension Decisions/Clemency Recommendations Personal Information Bank PBC PPU 010 and will be shared with Public Works and Government Services Canada, Receiver General Deposits, Personal Information Bank PWGSC PCU 717. This form will be destroyed by the Parole Board of Canada one year after the transaction is completed or immediately if the application is not accepted. Information on the type of credit card, credit card number and expiry date will be destroyed immediately, once the transaction is completed. Prior to destruction, this information can be accessed and assessed for accuracy by sending a written request to the Director, Access to Information and Privacy, Parole Board of Canada, 410 Laurier Ave West, Ottawa, ON K1A 0R1. For more information visit Info Source www.infosource.gc.ca.



COURT INFORMATION FORM
Record Suspension Application
Please print clearly using black ink. Answer all questions.

SECTION A: Personal information

1. What is your full legal name? (Fill in your name and date of birth at the top of page 2.)

Last Name: _____

Given Name(s): _____

2. Have you ever used another name other than your legal name (e.g. nicknames)?

No

Yes

If YES, please write the other names below.

Previous last name(s)	Previous first and other name(s)

3. What is your gender?

MALE

FEMALE

4. What is your date of birth (YYYY-MM-DD)?

-

-

SECTION B: Contact information

5. What is your mailing address?

Apartment/House Number and Street Address	City/Town	Province	Postal Code	Country
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6. What is your phone number?

FOR COURT USE ONLY. Do not write in this section.

Name and Address of Court: _____

Phone number: () _____

Court Name	Street Address	City/Town	Province	Postal Code
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Offence information – For court use only. Must include all convictions that the court holds.

Offence information # 1

Offence Description	Sentence	Place of Sentence	Date of Sentence							
			Y	Y	Y	Y	M	M	D	D

Method of trial: ☐ Summary ☐ Indictable ☐ Unable to confirm Court reference # _____

If unable to confirm method of trial, state reason why: _____

The court can confirm the substance is cannabis ☐ No ☐ Yes ☐ N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? ☐ No ☐ Yes

If they have been paid in full, date of the last payment ►

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Outstanding amount (if any): \$ _____

Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) _____

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the Criminal Code on or after October 24, 2013 and on or before December 13, 2018? ☐ No ☐ Yes

☐ The court can confirm no outstanding monies are owed ► Date of last payment if known:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

☐ Our records have been destroyed ► Date destroyed

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Please turn this form over►

COURT INFORMATION FORM
Record Suspension Application
Please print clearly using black ink. Answer all questions.

APPLICANT INFORMATION – You must fill in this information.

Rewrite the full legal name and date of birth of the applicant as provided on the front of this form.

Full legal name: _____ Date of birth (YYYY-MM-DD): _____ - -

Offence information – For court use only. Do not write in this section.

Offence information # 2

Offence Description	Sentence	Place of Sentence	Date of Sentence							
			Y	Y	Y	Y	M	M	D	D

Method of trial: ☐ Summary ☐ Indictable ☐ Unable to confirm Court reference # _____

If unable to confirm method of trial, state reason why: _____

The court can confirm the substance is cannabis ☐ No ☐ Yes ☐ N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? ☐ No ☐ Yes

If they have been paid in full, date of the **last payment** ▶

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Outstanding amount (if any) \$ _____ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) _____

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the *Criminal Code* on or after October 24, 2013 and on or before December 13, 2018? ☐ No ☐ Yes

☐ The court can confirm **no outstanding monies** are owed ▶ Date of last payment if known:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

☐ **Our records have been destroyed** ▶ Date destroyed

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Offence information # 3

Offence Description	Sentence	Place of Sentence	Date of Sentence							
			Y	Y	Y	Y	M	M	D	D

Method of trial: ☐ Summary ☐ Indictable ☐ Unable to confirm Court reference # _____

If unable to confirm method of trial, state reason why: _____

The court can confirm the substance is cannabis ☐ No ☐ Yes ☐ N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? ☐ No ☐ Yes

If they have been paid in full, date of the **last payment** ▶

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Outstanding amount (if any): \$ _____ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) _____

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the *Criminal Code* on or after October 24, 2013 and on or before December 13, 2018? ☐ No ☐ Yes

☐ The court can confirm **no outstanding monies** are owed ▶ Date of last payment if known:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

☐ **Our records have been destroyed** ▶ Date destroyed

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

COURT AUTHORIZATION – Please sign, date, and stamp this form.

Name of Authorized Officer of the Court: _____

▶ Signature: _____

Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Please put
court seal
or stamp
here.



LOCAL POLICE RECORDS CHECK FORM
Record Suspension Application
Please print clearly using black ink. Answer all questions.

SECTION A: Personal information

1. What is your full legal name? (Fill in your name and date of birth at the top of page 2.)

Last name: _____ Given name(s): _____

2. Have you ever used another name other than your legal name (e.g. nicknames)?

No Yes If YES, please write the other names below.

Previous last name(s)	Previous first and other name(s)

3. What is your gender? MALE FEMALE 4. What is your date of birth (YYYY-MM-DD)? _____

5. Do you have a driver's licence? No Yes If YES, what is your driver's licence number? _____ Province: _____

SECTION B: Contact information

6. What is your mailing address?

Apartment/House Number and Street Address City/Town Province Postal Code Country

7. What is your phone number? _____

8. Where have you lived during the last 5 years? Include your current address. P.O. boxes will not be accepted.

Apartment/House Number and Street Address	City/Town	Province	Country	From (YYYY-MM)	To (YYYY-MM)
				-	Present
				-	-
				-	-
				-	-

SECTION C: Applicant authorization – Sign and date below.

9. You must write in the name of the police service and then you must sign and date this form.

I hereby authorize (write in name of police service here) _____ to release to the
Parole Board of Canada information that it is legal for the police to divulge.

Sign here: ► _____ Date (YYYY-MM-DD): _____
(Applicant's Signature)

10. Ask the Police Service to fill in the other side of this form. Include this form in your application with the front side filled in by you and back side filled in by the Police Service.

Please complete the other side of this form. ►

LOCAL POLICE RECORDS CHECK FORM
Record Suspension Application
Please print clearly using black ink. Answer all questions.

APPLICANT INFORMATION – Fill in this information.

Rewrite the full legal name and date of birth of the applicant as provided on the front of this form:

Full legal name: _____

Date of birth (YYYY-MM-DD): _____ - _____

SECTION D: FOR POLICE USE ONLY. Do not write in this section.

> Convictions **other than simple possession of cannabis** in addition to those appearing on CPIC

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence							
				Y	Y	Y	Y	M	M	D	D

> Conviction(s) **for simple possession of cannabis** in addition to those appearing on CPIC

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence							
				Y	Y	Y	Y	M	M	D	D

Can you confirm that the substance was cannabis? No Yes

Offence description	Sentence	Place of sentence	Arresting police service	Date of sentence							
				Y	Y	Y	Y	M	M	D	D

Can you confirm that the substance was cannabis? No Yes

List all information related to incidents involving police and all charges regardless of disposition including provincial convictions/charges.

Nature of occurrence	Outcome	File number	Date of occurrence							
			Y	Y	Y	Y	M	M	D	D

Police representative information:

Police service name: _____

Police representative name: _____

Phone number: () _____

Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---



Signature

Internal Use Only					

Police service
seal or
stamp here



Application for Advance Permission to Enter as a Nonimmigrant

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-192
OMB No. 1615-0017
Expires 04/30/2021

For DHS Use Only		
Received	Returned Trans. Out	Fee Stamp
Trans. In	Completed	
Action by the Department of Homeland Security		
Ground of Inadmissibility		Action Stamp
<div><input type="checkbox"/> INA 212(a)(1) <input type="checkbox"/> INA 212(a)(9)</div> <div><input type="checkbox"/> INA 212(a)(2) <input type="checkbox"/> INA 212(a)(10)</div> <div><input type="checkbox"/> INA 212(a)(3) <input type="checkbox"/> Other: _____</div> <div><input type="checkbox"/> INA 212(a)(4) <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions</div> <div><input type="checkbox"/> INA 212(a)(6)</div> <div><input type="checkbox"/> INA 212(a)(8)</div> <div><input type="checkbox"/> INA 212(a)(9)</div>		
		Benefits Category: <div><input type="checkbox"/> Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4</div> <div><input type="checkbox"/> T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16</div> <div><input type="checkbox"/> T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16</div> <div><input type="checkbox"/> U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17</div> <div><input type="checkbox"/> U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17</div>
Date of Action (mm/dd/yyyy) _____ DD or OIC _____ Office _____		

To be completed by an attorney or accredited representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number (if any) <div></div>	Attorney State Bar Number (if applicable) <div></div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div></div>

► **START HERE - Type or print in black ink.**

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14).

I am seeking this permission so that I may obtain (select **only one** box):

- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).
- ☐ Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status).

Part 2. Information About You

Your Full Name

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

Part 2. Information About You (continued)**Other Names Used (if any)**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8**.

Additional Information.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Other Information

4. Alien Registration Number (A-Number) (if any)
▶ A-

5. USCIS Online Account Number (if any)
▶

6. Date of Birth (mm/dd/yyyy) / /

7. Gender ☐ Male ☐ Female

Place of Birth

8.a. City or Town

8.b. State or Province

8.c. Country

9. Country of Citizenship or Nationality

Mailing Address

[\(USPS ZIP Code Lookup\)](#)

10.a. In Care Of Name (if any)

10.b. Street Number and Name

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town

10.e. State **10.f.** ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

Safe Mailing Address

If you are a T or U visa applicant, and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home, you may provide a safe mailing address.

11.a. In Care Of Name (if any)

11.b. Organization Name (if applicable)

11.c. Street Number and Name

11.d. ☐ Apt. ☐ Ste. ☐ Flr.

11.e. City or Town

11.f. State **11.g.** ZIP Code

11.h. Province

11.i. Postal Code

11.j. Country

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Physical Address 1 (current address)

12.a. Street Number and Name	<input type="text"/>
12.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
12.c. City or Town	<input type="text"/>
12.d. State	<input type="text"/>
12.e. ZIP Code	<input type="text"/>
12.f. Province	<input type="text"/>
12.g. Postal Code	<input type="text"/>
12.h. Country	<input type="text"/>

Dates of Residence

13.a. From (mm/dd/yyyy)	<input type="text"/>
13.b. To (mm/dd/yyyy)	<input type="text"/>

Physical Address 2

14.a. Street Number and Name	<input type="text"/>
14.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
14.c. City or Town	<input type="text"/>
14.d. State	<input type="text"/>
14.e. ZIP Code	<input type="text"/>
14.f. Province	<input type="text"/>
14.g. Postal Code	<input type="text"/>
14.h. Country	<input type="text"/>

Dates of Residence

15.a. From (mm/dd/yyyy)	<input type="text"/>
15.b. To (mm/dd/yyyy)	<input type="text"/>

Physical Address 3

16.a. Street Number and Name	<input type="text"/>
16.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
16.c. City or Town	<input type="text"/>
16.d. State	<input type="text"/>
16.e. ZIP Code	<input type="text"/>
16.f. Province	<input type="text"/>
16.g. Postal Code	<input type="text"/>
16.h. Country	<input type="text"/>

Dates of Residence

17.a. From (mm/dd/yyyy)	<input type="text"/>
17.b. To (mm/dd/yyyy)	<input type="text"/>

Physical Address 4

18.a. Street Number and Name	<input type="text"/>
18.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr.	<input type="text"/>
18.c. City or Town	<input type="text"/>
18.d. State	<input type="text"/>
18.e. ZIP Code	<input type="text"/>
18.f. Province	<input type="text"/>
18.g. Postal Code	<input type="text"/>
18.h. Country	<input type="text"/>

Dates of Residence

19.a. From (mm/dd/yyyy)	<input type="text"/>
19.b. To (mm/dd/yyyy)	<input type="text"/>

Part 2. Information About You (continued)

Travel Information

NOTE: If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 20. - 25.**

Location at Which you Plan to Enter the United States (desired Port-of-Entry)

20.a. City

20.b. State

21. Name of Port-of-Entry

22. How do you plan to travel to the United States?
(For example, by plane, ship, car)

23. When do you plan to enter the United States? (mm/dd/yyyy)

24. Approximate Length of Stay in the United States

25. What is the purpose of your stay in the United States?
Explain fully below.

Immigration and Criminal History

26. Do you believe that you may be inadmissible to the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 26.**, explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 8. Additional Information**. If you were told that you are inadmissible, provide the reason you were given.

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.e.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

28. Date Application Filed (mm/dd/yyyy)

Location where you filed your application (for example, USCIS Office or Port-of-Entry).

29.a. USCIS Office or U.S. Port-of-Entry

29.b. City or Town

29.c. State or Province

29.d. Country

29.e. Receipt Number (if available)
▶

30. Have you **EVER** been in the United States for a period of six months or more? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 8. Additional Information**.

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32.a. - 32.c.**

If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 32.a. - 32.c.** for each of your additional applications or petitions.

32.a. Type of Application or Petition Filed

32.b. Location Where You (or the Other Person) Filed the Application or Petition (for example, USCIS office or Port-of-Entry);

32.c. Outcome of the Application or Petition (for example, approved, denied, or is pending).

Part 2. Information About You (continued)

33. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 33.**, provide an explanation the information in the space provided in **Part 8. Additional Information.**

34. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 34.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 8. Additional Information.**

Part 3. Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

Part 4. Other Information About You

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Employer 1 (current or most recent)

1. Name of Employer or Company

Address of Employer or Company

- 2.a. Street Number and Name

- 2.b. ☐ Apt. ☐ Ste. ☐ Flr.

- 2.c. City or Town

- 2.d. State 2.e. ZIP Code

- 2.f. Province

- 2.g. Postal Code

- 2.h. Country

3. Your Occupation

Dates of Employment

- 4.a. From (mm/dd/yyyy) / /

- 4.b. To (mm/dd/yyyy) / /

Part 4. Other Information About You (continued)

Employer 2

5. Name of Employer or Company

Address of Employer or Company

6.a. Street Number and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State 6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

7. Your Occupation

Dates of Employment

8.a. From (mm/dd/yyyy) / /

8.b. To (mm/dd/yyyy) / /

Information About Your Parents

Information About Your Mother

Mother's Legal Name

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

Mother's Name at Birth (if different than above)

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

11. Date of Birth (mm/dd/yyyy) / /

12. City or Town of Birth

13. Country of Birth

14. Current City or Town of Residence (if living)

15. Current Country of Residence (if living)

Information About Your Father

Father's Legal Name

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

Father's Name at Birth (if different than above)

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

17.c. Middle Name

18. Date of Birth (mm/dd/yyyy) / /

19. City or Town of Birth

20. Country of Birth

21. Current City or Town of Residence (if living)

22. Current Country of Residence (if living)

Information About Your Marital History

23. What is your current marital status?

- ☐ Single, Never Married ☐ Married ☐ Divorced
☐ Widowed ☐ Legally Separated
☐ Marriage Annulled ☐ Other

24. How many times have you been married (including annulled marriages and marriages to the same person)?

►

Part 4. Other Information About You (continued)**Information About Your Current Marriage**
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

Current Spouse's Legal Name

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. A-Number (if any)
 ▶ A-

27. Current Spouse's Date of Birth (mm/dd/yyyy)

28. Date of Marriage to Current Spouse (mm/dd/yyyy)

Current Spouse's Place of Birth

29.a. City or Town

29.b. State or Province

29.c. Country

Place of Marriage to Current Spouse

30.a. City or Town

30.b. State or Province

30.c. Country

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the information requested in **Item Numbers 31.a. - 36.c.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 8. Additional Information** to provide the answers to **Item Numbers 31.a. - 36.c.** for each additional marriage.

Prior Spouse's Legal Name (provide family name before marriage)

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Prior Spouse's Date of Birth (mm/dd/yyyy)

33. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

34.a. City or Town

34.b. State or Province

34.c. Country

35. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

36.a. City or Town

36.b. State or Province

36.c. Country

Part 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-192 Instructions before completing this section.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 7.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that the U.S. Department of Homeland Security (DHS) may require that I submit original documents to DHS at a later date. Furthermore, I authorize the release of any information from any and all of my records that DHS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my DHS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that DHS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 6.a. Applicant's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 5., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

**Part 7. Contact Information, Declaration, and
Signature of the Person Preparing this
Application, if Other Than the Applicant**
(continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case
☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number	3.b. Part Number	3.c. Item Number

[illegible]

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

[illegible]

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

6.a. Page Number	6.b. Part Number	6.c. Item Number

[illegible]

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

[illegible]