

# Client Information Form

## Record Removal Services of Canada

**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](mailto: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**

<b>PLEASE KEEP YOUR CLIENT ID NUMBER FOR FUTURE REFERENCE TO HELP OUR OFFICE MATCH YOUR RECORDS. IF YOU FORGET OR LOSE YOUR CLIENT ID NUMBER, CALL US AT 1-866-922-8159 Ext. 1.</b>	<b>FOR OFFICE USE ONLY</b>  Client ID Number: <input type="text"/>
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\* 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	<b><u>both</u> Pardon &amp; Waiver</b>	File Destruction	TRP
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### PERSONAL INFORMATION

Family Name (Last Name)	Given Name (First Name)	Middle Name	<input checked="" 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)**

<b>c) Street Number &amp; Name</b>						<b>Apt. #/Unit</b>
<b>City</b>	<b>Province /State</b>	<b>Postal / ZIP Code</b>	<b>Country</b>	<b>FROM</b> (MM/DD/YYYY):	<b>TO</b> (MM/DD/YYYY):	
				/ /	/ /	
<b>d) Street Number &amp; Name</b>						<b>Apt. #/Unit</b>
<b>City</b>	<b>Province /State</b>	<b>Postal / ZIP Code</b>	<b>Country</b>	<b>FROM</b> (MM/DD/YYYY):	<b>TO</b> (MM/DD/YYYY):	
				/ /	/ /	
<b>e) Street Number &amp; Name</b>						<b>Apt. #/Unit</b>
<b>City</b>	<b>Province /State</b>	<b>Postal / ZIP Code</b>	<b>Country</b>	<b>FROM</b> (MM/DD/YYYY):	<b>TO</b> (MM/DD/YYYY):	
				/ /	/ /	

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

**EMPLOYMENT INFORMATION**

<b>Are you currently employed:</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If you have never worked, please indicate here ➔</b>	<input type="checkbox"/>
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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**

<b>Address of Employer Street Number &amp; Name</b>	<b>Unit</b>	<b>City</b>	<b>Province/State</b>	<b>Country</b>

<b>Occupation (specify)</b>	<b>FROM</b> (MM/DD/YYYY):	<b>TO</b> PRESENT
	/ /	/ /

**2. Full Name of Employer**

## EMPLOYMENT INFORMATION (CONTINUED)

<b>Address of Employer</b> <b>Street Number &amp; Name</b>	<b>Unit</b>	<b>City</b>	<b>Province/State</b>	<b>Country</b>
<b>Occupation</b> (specify)			<b>FROM</b>	<b>TO</b>
			(MM/DD/YYYY)	(MM/DD/YYYY)
			/ /	/ /
<b>3. Full Name of Employer</b>				
<b>Address of Employer</b> <b>Street Number &amp; Name</b>				
	<b>Unit</b>	<b>City</b>	<b>Province/State</b>	<b>Country</b>
<b>Occupation</b> (specify)			<b>FROM</b>	<b>TO</b>
			(MM/DD/YYYY)	(MM/DD/YYYY)
			/ /	/ /
<b>4. Full Name of Employer</b>				
<b>Address of Employer</b> <b>Street Number &amp; Name</b>				
	<b>Unit</b>	<b>City</b>	<b>Province/State</b>	<b>Country</b>
<b>Occupation</b> (specify)			<b>FROM</b>	<b>TO</b>
			(MM/DD/YYYY)	(MM/DD/YYYY)
			/ /	/ /
<b>5. Full Name of Employer</b>				
<b>Address of Employer</b> <b>Street Number &amp; Name</b>				
	<b>Unit</b>	<b>City</b>	<b>Province/State</b>	<b>Country</b>
<b>Occupation</b> (specify)			<b>FROM</b>	<b>TO</b>
			(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 Last Employer:

Full Name of Employer

Address of Employer

Street Number & Name

Unit

City

Province/State

Country

Occupation (specify)

FROM

(MM/YYYY):

TO

(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

### MILITARY SERVICE HISTORY

Have you ever been a member of the Canadian Forces?		<input type="checkbox"/> No <input type="checkbox"/> Yes - Former    Yes - Current <input type="checkbox"/> Yes - Former or Current Reserve Member	
If yes, indicate your Unit's Level of Service:		<input type="checkbox"/> Regular Forces <input type="checkbox"/> Reserve Forces	
If yes, provide the complete mailing address of your unit: Street Address			
City	Province	Postal Code	Country
Military / Service ID Number: <small>(Your ID number may be your SIN #)</small>		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. <u>Were you ever arrested?</u> (If yes, please indicate City and Police Detachment below. If no, please write N/A)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been arrested outside of Canada? (If yes, please explain in full detail below. If no, please write N/A)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 \*

<b>4. Have you ever been deported from the United States?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<i>(If yes, please explain in full detail below. If no, please write N/A)</i>											
<b>5. Have you previously filed an application for advance permission to enter the U.S. as a non-immigrant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>→ If YES, provide the following details below:</b>											
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)											
<b>(USCIS) Office or Port-Of-Entry</b>											
<b>City or Town</b>	<b>Province or State</b>	<b>Country</b>									
<b>→ c) Receipt number (if available)</b>											

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

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

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

<b>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?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>→ If YES, provide the following details below:</b>		
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 #

<b>IMMIGRATION AND CRIMINAL HISTORY (CONTINUED)</b>		
<b>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)?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>→ If YES, describe in detail below:</b>

\* 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.

<b>COURT LOCATIONS</b> (please identify which Toronto Court locations you were convicted at from the list below)		<b>Select all applicable boxes</b>
Toronto Court Locations		
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 <sup>nd</sup> 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
<b>*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</b>		

<b>BIOGRAPHIC INFORMATION</b>																	
<b>1. Ethnicity (Select only one box)</b>																	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino																	
<b>2. Race (Select all applicable boxes)</b>																	
<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								
<b>3. Height</b>		Feet				Inches				<b>4. Weight</b>		Pounds:					
<b>5. Eye Colour (Select only one box)</b>																	
<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
<b>6. Hair Colour (Select only one box)</b>																	
<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](mailto:admin@recordremoval.org)

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

Sincerely,

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

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



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](mailto: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,

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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? 

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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: ►

Date: 

Y	Y	Y	Y	M	M	D	D
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(Applicant's Signature)



Parole Board  
of Canada

Commission des libérations  
conditionnelles du Canada

PROTECTED **B** ONCE COMPLETED

## 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
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► 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.**



Parole Board  
of Canada

Commission des libérations  
conditionnelles du Canada

PROTECTED

B ONCE COMPLETED

## 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 one-time charge of \$631 on the above credit card for the processing of a record suspension application. Please note 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:

\_\_\_\_\_ / \_\_\_\_\_  
year 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](http://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
--	-----------	----------	-------------	---------

- 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
------------	----------------	-----------	----------	-------------

**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     YesIf 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	Y	Y	Y	Y	M	M	D	D	Date of Sentence
---------------------	----------	-------------------	---	---	---	---	---	---	---	---	------------------

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  No  Yes  
*Criminal Code* on or after October 24, 2013 and on or before December 13, 2018?

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	Y	Y	Y	Y	M	M	D	D	Date of Sentence
---------------------	----------	-------------------	---	---	---	---	---	---	---	---	------------------

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  No  Yes  
*Criminal Code* on or after October 24, 2013 and on or before December 13, 2018?

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: ► \_\_\_\_\_  
 (Applicant's Signature)

Date (YYYY-MM-DD):      -      -      -

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

> Convictions(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
<input type="checkbox"/> INA 212(a)(1) _____	<input type="checkbox"/> INA 212(a)(9) _____
<input type="checkbox"/> INA 212(a)(2) _____	<input type="checkbox"/> INA 212(a)(10) _____
<input type="checkbox"/> INA 212(a)(3) _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> INA 212(a)(4) _____	<input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions
<input type="checkbox"/> INA 212(a)(6) _____	
<input type="checkbox"/> INA 212(a)(8) _____	
<input type="checkbox"/> INA 212(a)(9) _____	

  

**Benefits Category:**

Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4  
 T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16  
 T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16  
 U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17  
 U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17

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) _____	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____

► 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):

1.  Admission as a nonimmigrant (other than as a T or U nonimmigrant).
2.  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

- 1.a. Family Name (Last Name) \_\_\_\_\_  
1.b. Given Name (First Name) \_\_\_\_\_  
1.c. 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)	<input type="text"/>
2.b.	Given Name (First Name)	<input type="text"/>
2.c.	Middle Name	<input type="text"/>
3.a.	Family Name (Last Name)	<input type="text"/>
3.b.	Given Name (First Name)	<input type="text"/>
3.c.	Middle Name	<input type="text"/>

### Other Information

4.	Alien Registration Number (A-Number) (if any)	► A- <input type="text"/>
5.	USCIS Online Account Number (if any)	► <input type="text"/>
6.	Date of Birth (mm/dd/yyyy)	<input type="text"/> / <input type="text"/>
7.	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Place of Birth

8.a.	City or Town	<input type="text"/>
8.b.	State or Province	<input type="text"/>
8.c.	Country	<input type="text"/>
9.	Country of Citizenship or Nationality	<input type="text"/>

### 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

12.b.  Apt.  Ste.  Flr.

12.c. City or Town

12.d. State  12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Dates of Residence

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

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

Physical Address 2

14.a. Street Number and Name

14.b.  Apt.  Ste.  Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

Dates of Residence

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

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

Physical Address 3

16.a. Street Number and Name

16.b.  Apt.  Ste.  Flr.

16.c. City or Town

16.d. State  16.e. ZIP Code

16.f. Province

16.g. Postal Code

16.h. Country

Dates of Residence

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

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

Physical Address 4

18.a. Street Number and Name

18.b.  Apt.  Ste.  Flr.

18.c. City or Town

18.d. State  18.e. ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

Dates of Residence

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

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

## 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.

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### 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

Apt.  Ste.  Flr.

- 2.c. City or Town

- 2.d. State

- 2.e. ZIP Code

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  
[redacted],  
a language in which I am fluent, and I understood everything.
- 2.**  At my request, the preparer named in **Part 7.**,  
[redacted],  
prepared this application for me based only upon information I provided or authorized.

### **Applicant's Contact Information**

- 3.** Applicant's Daytime Telephone Number  
[redacted]

- 4.** Applicant's Mobile Telephone Number (if any)  
[redacted]

- 5.** Applicant's Email Address (if any)  
[redacted]

### **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  
[redacted]

- 6.b.** Date of Signature (mm/dd/yyyy)  
[redacted]

**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)  
[redacted]

- 1.b.** Interpreter's Given Name (First Name)  
[redacted]

- 2.** Interpreter's Business or Organization Name (if any)  
[redacted]

## **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)

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**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  (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

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