Citizenship and Immigration Canada Citoyenneté et Immigration Canada

APPLICATION FOR CRIMINAL REHABILITATION

Language of correspondence

☐ English OR ☐ French

SECTION A   TO BE COMPLETED BY APPLICANT

1 ☐ APPLICATION FOR APPROVAL OF REHABILITATION

2 ☐ FOR INFORMATION ONLY

SECTION B   TO BE COMPLETED BY APPLICANT

1 Family name(s) | Given name(s) - Do not use initials

2 Date of birth YEAR MONTH DAY

3 Sex
☐ Male
☐ Female

4 Country of birth

5 Citizenship

6 Marital status
☐ Single ☐ Married ☐ Widowed
☐ Separated ☐ Common-law ☐ Divorced

7 All other names that I use or have used (Include maiden name, previous married name(s), aliases and nicknames, legal change of name)

1) Family name   Given name(s)   2) Family name   Given name(s)

8 My home address is
No. & street   Apt./Unit

9 Mailing address   All correspondence should be mailed to box 8 ☐
or to:
No. & street   Apt./Unit

City/Town   Province / State / Country   Postal / ZIP code

City/Town   Province / State / Country   Postal / ZIP code

10 Home telephone no.
Area code   No.

11 Business telephone no.
Area code   No.

12 Fax no.
Area code   No.

13 Indicate most convenient time to reach you by telephone
Time   ☐ AM   ☐ PM

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

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

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

WARNING

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

Canada

16 Explain the purpose of your visit or stay in Canada

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

18 Addresses since the age of 18. (Use a separate sheet if necessary)

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

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

19 Provide the details of your employment history since the age of 18. Start with the most recent information. Under "OCCUPATION", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, travelling, in detention, etc.).

Note: Please ensure that you do not leave any gaps in time.

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

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

20 I certify that the information provided by me is true and complete to the best of my knowledge.
I also certify that I am not currently charged with any criminal offence.

	YEAR	MONTH	DAY
SIGNATURE OF APPLICANT ▶ DATE ▶			

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SECTION C   TO BE COMPLETED BY THE OFFICER.

1 Name of originating office	2 File no.	3 NHQ file no. (if known)

4 Cost recovery code	Fee	GST	Receipt no.	5 FOSS / NCMS ID no.

6 Equivalent offence(s) under Canadian law	7 Maximum penalty under Canadian law

8 Inadmissibility provision(s) ▶

☐ A36(1)a) ☐ A36(1)b) ☐ A36(1)c)
☐ A36(2)a) ☐ A36(2)b) ☐ A36(2)c)

9 Eligible to apply for rehabilitation? ▶ ☐ Yes ☐ No

10 Date when subject was / will be eligible ▶

YEAR	MONTH	DAY

11 If subject is not eligible, state reason(s)

12 Officer's recommendation

☐ I recommend approval of rehabilitation

☐ I recommend an application for a Temporary Resident's Permit

☐ I do not recommend approval of rehabilitation

☐ I do not recommend an application for a Temporary Resident's Permit

13 Reasons for recommendation

14 Name of officer	15 Signature of officer	Date YEAR MONTH DAY

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16		**17**	
Reviewing officer's recommendation ▶	☐ I concur / approve		☐ I do not concur / approve

18 Comments

19 Name of reviewing officer

20 Signature of reviewing officer

Date

	YEAR	MONTH	DAY

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21 List of documents or photocopies attached - check those attached

☐ Passport

☐ Driver's License and USA Birth Certificate (USA-born citizens only)

☐ Court judgement(s)

☐ Text of non-Canadian statutes

☐ Police certificate

☐ Documentation re: sentence, parole, probation, fine or pardon

☐ Documentation re: juvenile offender

☐ Other documentation (specify)

I certify that a copy of these documents has been provided to the applicant and that the applicant has been given an opportunity to provide comments.

22 Name of officer

23 Signature of officer

Date

	YEAR	MONTH	DAY

SECTION D   FOR OFFICE USE ONLY

				Initials	Date		
					YEAR	MONTH	DAY
Notification by (fax/e-mail) received that authority from the Minister for relief under A36(1)(b) or A36(1)(c) was:	▶	☐ Granted	☐ Refused				

				Date		
				YEAR	MONTH	DAY
Authority from the Minister's delegate for relief under A36(2)(b) or A36(2)(c) granted	▶	☐ Yes	☐ No			

Name (please print)	Title

SIGNATURE ▶

Date

	YEAR	MONTH	DAY

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