

CRIMINAL REHABILITATION FORM

Language of correspondence
 English OR French

SECTION A

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

1 Family name	Given name(s)	2 Date of birth	Day	Month	Year	3 Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female									
4 Country of birth	5 Citizenship	6 Marital status		<input type="checkbox"/> Never married		<input type="checkbox"/> Married		<input type="checkbox"/> Widowed									
				<input type="checkbox"/> Legally separated		<input type="checkbox"/> Divorced											
7 Other names I have used (Include maiden name, previous married name(s), aliases and nicknames)																	
1) Family name			Given name(s)			2) Family name			Given name(s)								
8 My home address is					9 Mailing address				All correspondence should be mailed to box 8 <input type="checkbox"/>								
No. & street					No. & street				or to:								
Apt./Unit					Apt./Unit												
City/Town			Province			Postal code			City/Town			Province			Postal code		
10 Home telephone no.			11 Business telephone no.			12 Facsimile no.			13 Time			<input type="checkbox"/> AM			<input type="checkbox"/> PM		
Area code No.			Area code No.			Area code No.			Indicate most convenient time to reach you by telephone								

14 I may be inadmissible to Canada because of the following offence(s): (use a separate sheet if necessary)

OFFENCE(S)/CONVICTION	DATE(S) OF OFFENCE(S)/CONVICTION	PLACE OF OFFENCE(S)/CONVICTION	SENTENCE(S)	STATUTE NUMBER(S)
	Day Month Year			

15 Explain the events/circumstances leading to the offence(s): (Use a separate sheet if necessary)

WARNING

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

16 Explain your purpose for coming to or remaining in Canada

17 Why do you consider yourself to be rehabilitated or no risk to the safety and security of society (Use a separate sheet if necessary)

18 Addresses for the past 10 years. (Use a separate sheet if necessary)
Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (P.O.) box addresses.

DATES				NUMBER AND STREET (Do not use P.O. boxes)	APT. No.	CITY OR TOWN	COUNTRY
FROM		TO					
Month	Year	Month	Year				

19 Employment for the past 10 years starting with your present employer (Use a separate sheet if necessary).
You must list every job and/or period of unemployment and/or school attendance for the past 10 years. Your application will be returned to you if any period of time is missing.

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

THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE CANADA IMMIGRATION ACT. THE INFORMATION IS PROTECTED UNDER THE PROVISIONS OF THE PRIVACY ACT AND IS ACCESSIBLE TO YOU UPON REQUEST.

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

SIGNATURE OF APPLICANT ►

DATE ►

Day	Month	Year

SECTION C TO BE COMPLETED BY THE IMMIGRATOR OR VISA OFFICER. PLEASE PRINT OR TYPE.

1 Name of originating office	2 OUR FILE	3 NHQ file no. (if known)
4 Cost recovery code	Fee	GST
	Receipt no.	5 FOSS ID no.
6 Equivalent offence(s) under Canadian law	7 Maximum penalty under Canadian law	
8 Inadmissibility provision(s) ▶	<input type="checkbox"/> A 19(1) (c.1)	<input type="checkbox"/> A 19(2) (a.1)
9 Eligible to apply for rehabilitation? ▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	10 If "YES", date when subject became eligible ▶	Day Month Year
11 If subject is not eligible, state reason(s)		
12 Officer's recommendation		
<input type="checkbox"/> I recommend approval of rehabilitation	<input type="checkbox"/> I recommend an application for a minister's permit	
<input type="checkbox"/> I do not recommend approval of rehabilitation	<input type="checkbox"/> I do not recommend an application for a minister's permit	
13 Reasons for recommendation		
14 Name of officer	15 Signature of officer	Date
		Day Month Year

