Fillable Form

Citizenship and Immigration Canada / Citoyenneté et Immigration Canada

PROTECTED WHEN COMPLETED - B

Language of correspondence ☐ English OR ☐ French

APPLICATION FOR CRIMINAL REHABILITATION

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

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

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

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

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

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

THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE CANADA *IMMIGRATION AND REFUGEE PROTECTION ACT* AND IS STORED IN PERSONAL INFORMATION BANK NUMBER CIC PPU 042, 054 OR 300. THE INFORMATION IS PROTECTED UNDER THE PROVISIONS OF THE *PRIVACY ACT* AND IS ACCESSIBLE TO YOU UPON REQUEST.

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.

SIGNATURE OF APPLICANT ▶

DATE ▶ YEAR MONTH DAY

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 do not recommend approval of rehabilitation

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

☐ 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

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

18 Comments

19 Name of reviewing officer | 20 Signature of reviewing officer | Date YEAR MONTH DAY

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

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

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

Name (please print) | Title

SIGNATURE ▶ | Date YEAR MONTH DAY