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REHAB ASSESSMENT AND TEMPORARY RESIDENT PERMIT

SERVICE ORDER FORM

INSTRUCTIONS

1) Please complete the application for rehabilitation (for information only) forms and the use of a representative (IMM5476) form. The temporary resident visa forms will be sent to you once your assessment has been completed.

2) Make copies of: the ID pages of your passport, your criminal record and/or proofs of conviction, the laws under which you were charged, and any and all documents related to your sentencing.

For American citizens only: a driver's license and birth certificate can be used instead of a passport. Americans must be assessed in person.

3) Include the originals of your criminal clearance (ex. pardon, police certificate, certificate of no record) for every country where you have lived for more than 6 months.

If you were convicted as a juvenile offender, include proof the country of conviction has special rules for juveniles.

For American citizens only: provide state certificates for every state you have lived in for more than 6 months, and an FBI certificate.

4) Complete this order form in full, ensuring you all necessary documentation as indicated by the checklist to the right.

5) Please **mail or drop off** your application to our head office located at:

1180 Danforth Ave

Toronto, ON M4J 1M3

Applications sent via regular mail will be processed less quickly.

DOCUMENT CHECKLIST

- APPLICATION FOR REHABILITATION FORMS**
- completed in full
- USE OF A REPRESENTATIVE FORM**
- COPIES OF THE ID PAGES OF YOUR PASSPORT, YOUR CRIMINAL RECORD OR PROOF(S) OF CONVICTION, THE LAWS UNDER WHICH YOU WERE CHARGED AND ALL DOCUMENTS RELATED TO YOUR SENTENCING**

- EVIDENCE OF CRIMINAL CLEARANCE (PARDON, POLICE CERTIFICATES, CERTIFICATE OF NO RECORD)**

- THIS ORDER FORM & ATTACHED CHECKLIST**

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED

PROCESSING TIME

1-12 weeks for the assessment and another 1-12 weeks for the TRP (if applicable). Wait times vary from office to office and are wholly determined by the Canadian government.

AFTER SUBMITTING YOUR APPLICATION

Once we receive your application by email, fax, mail or in person you will be contacted by a member of our team to determine any further steps you need to take.

If you are unsure as to what documentation is required to waive your inadmissibility, our agents will discuss this with you when we contact you.

SERVICE FEES & OPTIONS

REVIEW & SUBMISSION

-Includes submission of assessment, and TRP (if applicable). Americans should select review only.

\$1500+HST (CAD)

REVIEW ONLY

-Includes reviewing application only. You must apply in person.

\$500+HST (CAD)

COMPLETE SERVICE*

-Includes obtaining court documents, submitting assessment, and TRP (if applicable).

\$1500+HST + \$75 per court

GOVERNMENT FEES:

ASSESSMENT: \$0; TRP: \$200; APP. for REHAB: \$200-\$1000; ARC: \$400

PLEASE NOTE: If an application of rehabilitation or ARC is necessary, additional fees will apply.

*Complete service only available to those convicted in Canada

CREDIT CARD INFORMATION

By signing below I agree that I will be charged the appropriate fee for the initial application. I agree that this fee will be deducted upon receipt of order from the credit card I have provided.

Cardholder Name

Card Number

Expiration Date

Security Code *

*For Visa & MasterCard, the last 3 digits on the back of your card. *For Amex, the last 4 digits on the front of your card.

Cardholder Signature:

DISCLAIMER

By signing below the applicant agrees to the following items:

- I have read and accept the terms and conditions as listed at the following link <http://www.immigroup.com/Disclaimer.php>
- Immigroup is not responsible for applications lost in the mail or for failures in fax or email
- Immigroup is not responsible for applications that are denied. All fees are non-refundable once applications are submitted to the government. Cancellation fees will apply if you withdraw your application before submission to the government. No refunds will be given to clients who neglect to submit the proper documentation in a timely manner.
- I assert that I understand I am using Immigroup to apply for my assessment & TRP

SIGN HERE:


THE APPLICANT MUST SIGN ABOVE

Your Email:

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 addresses.

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

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)	<input type="checkbox"/> A36(1)a <input type="checkbox"/> A36(1)b <input type="checkbox"/> A36(1)c <input type="checkbox"/> A36(2)a <input type="checkbox"/> A36(2)b <input type="checkbox"/> A36(2)c	
9 Eligible to apply for rehabilitation?	▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	10 Date when subject was / will be eligible
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 Temporary Resident's Permit <input type="checkbox"/> I do not recommend approval of rehabilitation <input type="checkbox"/> 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 <input type="checkbox"/> I concur / approve	17 <input type="checkbox"/> 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 <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License and USA Birth Certificate (USA-born citizens only) <input type="checkbox"/> Court judgement(s) <input type="checkbox"/> Text of non-Canadian statutes <input type="checkbox"/> Police certificate <input type="checkbox"/> Documentation re: sentence, parole, probation, fine or pardon <input type="checkbox"/> Documentation re: juvenile offender <input type="checkbox"/> Other documentation (specify)		
<p>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.</p>		
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: ▶	<input type="checkbox"/> Granted <input type="checkbox"/> Refused	Initials	Date YEAR MONTH DAY
Authority from the Minister's delegate for relief under A36(2)(b) or A36(2)(c) granted ▶	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date YEAR MONTH DAY
Name (please print)	Title		
SIGNATURE ▶	Date YEAR MONTH DAY		



USE OF A REPRESENTATIVE

You do not need to hire an immigration representative, it is your choice. No one can guarantee the approval of your application. All the forms and information that you need to apply are available free at www.cic.gc.ca.

A representative is someone who has provided advice or guidance to you prior to submitting your application and/or someone who has your permission to conduct business on your behalf with Citizenship and Immigration Canada (CIC) and the Canada Border Services Agency (CBSA). You may have **one** representative only. If you appoint an additional representative, the previous representative will no longer be authorized to conduct business on your behalf and receive information on your case file.

- I am: appointing a representative. **Complete Sections A, B and D.**
 cancelling the appointment of a representative. **Complete Section A, C and D.**

SECTION A: APPLICANT INFORMATION

1. Your full name

Family name (Surname)

Given name(s)

2. Your date of birth

Day	Month	Year

3. If you have already submitted your application:

Name of office where the application was submitted

Location of office

Type of application
(permanent residence, extension of study permit, etc.)

4. Your Citizenship and Immigration Canada Identification number (if known)

Client Identification (ID) or
Unique Client Identifier (UCI) number

SECTION B: APPOINTMENT OF REPRESENTATIVE

- I authorize the following individual to serve as my representative and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.
- I authorize Citizenship and Immigration Canada and Canada Border Services Agency to release information from my case file and that of my dependent children under 18 years of age to my representative. This authorization is in accordance with the *Privacy Act*.
- I am aware that any information which would be subject to exemption, if I had the right of access under the *Privacy Act* or the *Access to Information Act*, will likely not be released.

5. Your representative's full name

Family name (Surname)

Given name(s)

6. Your representative: (choose one)

is **UNPAID** and is a:

- family member or friend
 member of a non-governmental or religious organization
 member of the Immigration Consultants of Canada Regulatory Council (ICCRC), a Canadian provincial or territorial law society, or the *Chambre des notaires du Québec*.
 other

is or will be **PAID** and is a member in good standing of:

- the Immigration Consultants of Canada Regulatory Council (ICCRC)
▶ Membership ID number
- a Canadian provincial or territorial law society
▶ Which province or territory?
▶ Membership ID number
- the *Chambre des notaires du Québec*
▶ Membership ID number

7. Your representative's contact information

Name of firm or organization (if applicable)			
Mailing address			
Postal code/ZIP			
Telephone number	Country code	Area code	Number
	()	()	
Fax number	Country code	Area code	Number
	()	()	
E-mail address (if applicable)			

By indicating your representative's e-mail address, you are hereby authorizing Citizenship and Immigration Canada to transmit your file and personal information to this specific e-mail address.

8. Your representative's declaration:

- I declare that the information in Section B is truthful, complete and correct.
- I understand and accept that I am the person appointed by the applicant to conduct business on the applicant or sponsor's behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

Signature of representative

Date

Day	Month	Year

SECTION C: CANCEL THE APPOINTMENT OF A REPRESENTATIVE

I withdraw my authorization for this person to serve as my representative, to receive information on my case file and to conduct business on my behalf with Citizenship and Immigration Canada and Canada Border Services Agency.

9. Your representative's full name

Family name (Surname)

Given name(s)

Name of firm or organization
(if applicable)
SECTION D: YOUR DECLARATION**10.**

- I declare that the information I have given is truthful, complete and correct.
- I understand all the foregoing statements, having asked for and obtained an explanation for every point that was not clear to me.

Signature of applicant

Date

Day	Month	Year

Signature of spouse or common-law partner
(if applicable)

Date

Day	Month	Year

Warning! It is a serious offence to give false or misleading information on this form.

The information you provide on this form is collected under the authority of the *Immigration and Refugee Protection Act* and will be used in assessing your application according to the requirements of the Act. It will be retained in a Personal Information Bank identified in **Infosource**. It may be shared with other organizations in accordance with the consistent use of information under the *Privacy Act*. Under the *Privacy Act* and the *Access to Information Act* individuals have the right to protection of and access to their personal information. Details on these matters are available at infosource.gc.ca and through the Citizenship and Immigration Call Centre. **Infosource is also available in Canadian public libraries.**



DOCUMENT CHECKLIST

REHABILITATION

This document checklist will help ensure that you attach all the required documents to your application. Your entire application will be returned to you with a letter asking for the necessary documents if any information is missing. This will delay processing of your application. If you cannot get documents listed on the checklist and the court, country, and arresting police department do not have the information you require, you must obtain a written explanation from them and include it with your application. In the event you are not able to get a written explanation, you must provide details of your efforts to obtain the information and why it is not available. Documents you submit that are not in English or French must be accompanied by a certified translation.

Check the box (✓) when you have attached the item to your application.

FORMS

- Application for Criminal Rehabilitation (IMM 1444) _____
- Use of a Representative (IMM 5476), if applicable _____
- Fee for Immigration Service, Approval of Rehabilitation (IMM 5310) _____

PHOTOCOPIES OF THE FOLLOWING DOCUMENTS

- Pages from your passport showing your name, date of birth, and country of birth _____
- **For citizens of the United States only:** If you do not have a passport, a copy of your driver's licence and USA birth certificate _____
- Each court judgement made against you which must clearly show the charge, the section of the law under which you were charged, the verdict and the sentence _____
- The foreign or Canadian laws under which you were charged or convicted. You can obtain copies of foreign laws by contacting local police authorities, lawyers, the courthouse where the offence occurred, visiting your local law library, or searching the Internet. If you need information about another country, their local embassy or consulate may be able to help you _____
- Any documents relating to sentence imposed, parole, probation or pardon; e.g. court records, judge's comments (including recommendation concerning parole), probation or parole reports, certificate of rehabilitation, letters of recommendation from public officials or respected private citizens, etc. These documents must clearly show when your sentence was completed _____

ORIGINAL DOCUMENTS

- A criminal clearance from the police authorities in all countries (including Canada) where you have lived for six consecutive months or longer since reaching the age of 18 _____
- **For people who have lived in the United States:** Provide a state certificate (or a letter from a police authority) for each state in which you have lived for six consecutive months or longer since reaching the age of 18 **and** a national FBI certificate _____
- If you were a juvenile offender (see *Determining inadmissibility*), a letter or document proving that the country you were convicted in has special measures for juvenile offenders _____
- Fee receipt form. (If paying by credit card, complete the box on the form.) _____