

WAIVER & PARDON APPLICATION

SERVICE ORDER FORM

INSTRUCTIONS

- 1) Complete the attached US immigration forms "I-192" and "G-325A" and the Canadian pardon forms
- 2) Make copies of your valid citizenship and identity documents (i.e. passport, birth certificate, PR card, visa etc.), legal name changes, and any additional information you must submit regarding you inadmissibility (criminal record and court reports, medical records, etc.). If you are unsure if something applies, please make a copy of it and send it in.
- 3) Complete this order form in full, ensuring you all necessary documentation as indicated by the checklist to the right. If you are unsure of what is required, leave it blank and we will contact you to ensure your application is complete.
- 4) Send your entire application to us by mail or courier or drop it off in person (please do not use regular mail).

MAIL OR DROP OFF: At our head office, located at:
1180 Danforth Ave
Toronto, ON
M4J 1M3

SERVICE FEES & OPTIONS

FULL SERVICE

- Includes obtaining all court documents and submitting the pardon. You must submit the waiver in person.

\$631.13 including
 \$466.13 Review Fee
 \$15 Certified Cheque/Money Order fee
 \$150 Parole Board of Canada Fee
+ \$75/Court Record

CORPORATE SERVICE

-Includes obtaining all court documents, lawyer review and lawyer-accompanied submission

\$2500 + HST (CDN)

REGULAR SERVICE

- Includes review of applications and submission of pardon only. You must provide all required court documents and submit the waiver in person.

\$ 412.50 + HST (CDN)
 Pay my fee for me: **\$15 extra fee. Your credit card will be charged an additional \$150 + \$15 and you do not have to submit the certified cheque or money order with your application.**

** Full and Corporate services only available in greater Toronto Area **

GOVERNMENT FEES:

USCBP WAIVER FEE: \$585 (USD)
PAROLE BOARD FEE: \$150 (CDN)
RCMP FEE TO OBTAIN RECORD: \$25 (CDN)
FINGERPRITING FEE: \$25-50 (CDN)

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:

DOCUMENT CHECKLIST

- US IMMIGRATION FORMS 1-192 & G325A & CANADIAN PARDON FORMS** - completed in full with pardon forms stamped by competent authorities
- COPIES OF PROOF OF CITIZENSHIP** (Passport, birth certificate, PR card, Citizenship card, etc.)
- ALL DOCUMENTATION RELATING TO YOUR INADMISSIBILITY AND PARDON** (Criminal record or evidence of no record plus whatever is applicable to your case, i.e.: official court records, evidence of rehabilitation, medical history, treatment arrangements in the US, affidvits, etc. If you do not have this documentation, Immigroup may be able to help you if you opt for "Full Service")
- \$150 PAROLE BOARD FEE** (if applicable, payable by certified cheque or money order to the Receiver General of Canada)
- THIS ORDER FORM**

APPLICATIONS MISSING THIS ORDER FORM WILL NOT BE PROCESSED

PROCESSING TIME

7-16 months for the pardon and 6-12 months for the waiver:
 1-2 1/2 years total

(Timeline is approximate and determined by governments)

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.

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
- I assert that I understand I am using Immigroup to apply for my U.S. waiver and Canadian pardon

SIGN HERE:

THE APPLICANT MUST SIGN ABOVE

**I-192, Application for Advance
Permission to Enter as Nonimmigrant
[Pursuant to Section 212(d)(3)(A)(ii) of the INA]**

Department of Homeland Security
U.S. Citizenship and Immigration Services

**(Read instructions to the form.)
Type or Print in Black Ink**

Fee Stamp

File No. A- _____

I hereby apply to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii) of the Immigration and Nationality Act (INA).

1. Full Name _____ **2. Date of Birth (mm/dd/yyyy)** _____

3. Place of Birth (City-Town, State/Province, Country) _____ **4. Present Citizenship/Nationality**
Canada

5. Present Address, Telephone Number, and E-Mail address _____

6. All addresses at which I have resided during the past five years (Use a separate sheet of paper, if necessary.)

7. Desired Port of Entry into the United States _____ **8. Means of Transportation** _____

9. Proposed Date of Entry _____ **10. Approximate Length of Stay in the United States** _____

11. My purpose for entering the United States is: (Explain fully)

12. I believe that I may be inadmissible to the United States for the following reason(s) and no others:

13. I **have** **have not previously filed an application for advance permission to enter as a nonimmigrant**
on _____ **,** _____ **, at** _____.

If you are an applicant for T and U nonimmigrant status, you do not need to answer questions 14 through 17.

14. Have you ever been in the United States for a period of six months or more? If yes, when, for how long, and in what immigration status?



15. 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? If yes, list the applications and/or petitions, the filing locations, and describe the outcome of each application/petition (for example: denied, approved, pending).

16. 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)? Describe in detail.

17. Have you ever, in or outside the United States, been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? Describe in detail. Include all offenses where impaired driving may have been an issue.

18. Applicant's Signature and Certification

I understand that the information herein contained may be used in any proceedings (including civil, criminal, immigration, or any other judicial proceeding) hereafter instituted against me.

I certify that the statements above and all attachments hereto are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

(Date)

Signature of the Applicant/Signature of Guardian or Family Member (if Applicant is unable to sign)

19. Preparer's Signature and Certification

I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.

(Signature)

(Address)

(Date)

RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED



G-325, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Citizenship/Nationality	File Number A
All Other Names Used (include names by previous marriages)			City and Country of Birth		U.S. Social Security # (if any)	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)		City and Country of Residence	
Father Mother (Maiden Name)						
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)		First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)		First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Termination of Marriage	Place of Termination of Marriage

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
						Present Time	

Applicant's last address outside the United States of more than one year.

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
				Present Time	

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Status as Permanent Resident	Signature of Applicant _____ Date _____
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If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
			A



Protected when completed

Pardon Application Form

Please print clearly using blue or 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
---	---	---	---	---	---	---	---

CONTACT INFORMATION – You must answer all questions. The Parole Board may 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?
 NO YES – Former If YES, See Step 3 of the Pardon Application Guide and fill in the information below.
 YES – Current
 YES – Former or Current Reserve Member
Military Service ID Number: _____
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

CONVICTION INFORMATION – You must answer all questions.

14. Do you have any other convictions that do not appear on your Criminal Record?
NO YES → If YES provide details below:

Offence	Arresting Police	Sentence	Date	Court (Street/City/Province)

APPLICANT AUTHORIZATION – You must answer all questions.

15. The information you provide in this pardon application is collected under the authority of the Criminal Records Act for the purpose of processing your request for a pardon. 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 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 pardon 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 pardons. 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 pardon 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 and will no longer be considered.

Sign here: _____ Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

(Applicant's Signature)

Protected when completed
Local Police Records Check Form

For the purpose of a Pardon Application

Please print clearly using blue or 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?**

NO YES → If YES, write these other names below or your Pardon 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?**

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

5. **Do you have a Driver's Licence?** NO YES → If YES, what is your Driver's Licence number?

Number: _____ Province: _____

SECTION B: MAILING AND RESIDENCE INFORMATION – You must answer all questions.

6. **What is your mailing address?**

Apartment/House Number and Street Address City/Town Province Postal Code Country

7. **What is your telephone number?** (_____) - _____

8. **What addresses have you lived at in 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				To					
				Y	Y	Y	M	Y	Y	Y	M		
Current Address												Present	
Previous Address													
Previous Address													
Previous Address													

SECTION C: APPLICANT AUTHORIZATION – You must sign and date here.

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 the Police is allowed to divulge.

Sign here: _____ (Applicant's Signature) Date:

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

10. **Ask the Police Service to fill in the back of this form.** Include this form in your Pardon Application with the front side filled in **by you** and the back side filled in by the **Police Service**.

Please turn this form over. →



Protected when completed

Local Police Records Check Form

For the purpose of a Pardon Application

Please print clearly using blue or black ink. You must answer all questions.

SECTION D: FOR POLICE USE ONLY. DO NOT WRITE IN THIS SECTION.

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

Are There Convictions in Addition to Those Appearing on CPIC? NO YES

Conviction(s) 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	

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: _____ Telephone Number: (_____) - _____

Signature: _____

Date:

Y	Y	Y	Y	M	M	D	D

Internal Use Only							

Please put
Police Service
seal or
stamp here.



Protected when completed Court Information Form

For the purpose of a Pardon Application

Please print clearly using blue or 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?**

NO YES → If YES, please write the other names that you have used here. If you do not give all of the names that you have used in the past, your Pardon 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?**

Y	Y	Y	Y	M	M	D	D

SECTION B: CONTACT INFORMATION - You must answer all questions.

5. **What is your mailing address?**

Apartment/House Number and Street Address City/Town Province Postal Code Country

6. **What is your telephone number?** (_____) - _____

FOR COURT USE ONLY. DO NOT WRITE IN THIS SECTION.

Name and Address of Court: _____ Telephone Number (_____) - _____

Court Name Street Address City/Town Province Postal Code

OFFENCE INFORMATION - FOR COURT USE ONLY. DO NOT WRITE IN THIS SECTION.

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. _____

Have all Fines, Surcharges, Restitutions, Compensation Orders and Other Costs Been Paid in Full? NO YES

If They Have Been Paid in Full, What Was the Date of the **Last** Payment?

Y	Y	Y	Y	M	M	D	D

If No, How Much is Outstanding? \$ _____

Our records have been destroyed;
however we can confirm there are **no outstanding monies** owed with regard to this case.

Please turn this form over. →



Protected when completed Court Information Form

For the purpose of a Pardon Application

Please print clearly using blue or 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
---	---	---	---	---	---	---	---

OFFENCE INFORMATION - FOR COURT USE ONLY. DO NOT WRITE IN THIS SECTION.

OFFENCE INFORMATION #2

Offence Description	Sentence	Place of Sentence	Date of Sentence								
			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
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. _____

Have all Fines, Surcharges, Restitutions, Compensation Orders and Other Costs Been Paid in Full? NO YES

If They Have Been Paid in Full, What Was the Date of the **Last** Payment?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

If No, How Much is Outstanding? \$ _____

Our records have been destroyed;
however we can confirm there are **no outstanding monies** owed with regard to this case.

OFFENCE INFORMATION #3

Offence Description	Sentence	Place of Sentence	Date of Sentence								
			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
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. _____

Have all Fines, Surcharges, Restitutions, Compensation Orders and Other Costs Been Paid in Full? NO YES

If They Have Been Paid in Full, What Was the Date of the **Last** Payment?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

If No, How Much is Outstanding? \$ _____

Our records have been destroyed;
however we can confirm there are **no outstanding monies** owed with regard to this case.

OFFENCE INFORMATION #4

Offence Description	Sentence	Place of Sentence	Date of Sentence								
			<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
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. _____

Have all Fines, Surcharges, Restitutions, Compensation Orders and Other Costs Been Paid in Full? NO YES

If They Have Been Paid in Full, What Was the Date of the **Last** Payment?

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

If No, How Much is Outstanding? \$ _____

Our records have been destroyed;
however we can confirm there are **no outstanding monies** owed with regard to this case.

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.

**STEP
8**

Attach Additional Information

As per section 4.1 of the *Criminal Records Act* (CRA), you must clearly demonstrate how receiving a pardon would provide you with a measurable benefit. You must also describe how it would sustain your rehabilitation into society as a law abiding citizen:

Clearly indicate what changes a pardon would bring to your present circumstances.

Describe all positive changes you have already made to improve your situation since your conviction, you may include supporting documents: _____

Information on the offence(s)

Describe the circumstances and how/why the offences were committed. _____

For all sexual offences, include the age of the victim. Also provide official documentation if available.

(Please attach additional pages if required)

Name (PRINT): _____ Date: _____

Signature: _____

