

## TEMPORARY RESIDENT PERMIT ASSESSMENT FORM

*Strictly Confidential*

If you have been refused entry into Canada, or think you may be inadmissible, complete this form and send it to our office for review so that we can determine the best way to assist you.

### 1. YOUR CONTACT INFORMATION

FIRST NAME:

BEST PHONE:

LAST NAME:

2NDARY PHONE:

COUNTRY OF BIRTH:

EMAIL: ADRESS:

COUNTRY OF CITIZENSHIP:

### 2. WHY DO YOU THINK YOU ARE INADMISSIBLE?

DUI / DWI CONVICTION

IMMIGRATION VIOLATION(S)

OTHER CRIMINAL CONVICTION(S):

MEDICAL INADMISSIBILITY

OTHER REASONS / NOT SURE:

  
  
  

### 2. WHY DO YOU NEED TO TRAVEL TO CANADA?

BUSINESS

CONFERENCE

FAMILY

TOURISM

OTHER:

### 4. HOW SOON DO YOU NEED TO TRAVEL TO CANADA?

  

When we receive your assessment form, our office will contact you and advise you of the best way to proceed. If your situation requires a paid consultation for \$75+HST, these fees will be credited toward your legal fees should you wish to retain us.

ONCE COMPLETED PLEASE FAX THIS FORM TO 416-640-2650  
OR EMAIL TO info@immigroup.com