



COURT INFORMATION FORM
Record Suspension Application
Please print clearly using black ink. Answer all questions.

SECTION A: Personal information

1. What is your full legal name? (Fill in your name and date of birth at the top of page 2.)

Last Name: _____ Given Name(s): _____

2. Have you ever used another name other than your legal name (e.g. nicknames)?

No Yes If YES, please write the other names below.

Table with 2 columns: Previous last name(s), Previous first and other name(s)

3. What is your gender? MALE FEMALE 4. What is your date of birth (YYYY-MM-DD)?

SECTION B: Contact information

5. What is your mailing address?

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

6. What is your phone number?

FOR COURT USE ONLY. Do not write in this section.

Name and Address of Court: _____ Phone number: () _____

Court Name Street Address City/Town Province Postal Code

Offence information - For court use only. Must include all convictions that the court holds.

Offence information # 1

Table with columns: 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: _____

The court can confirm the substance is cannabis [] No [] Yes [] N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? [] No [] Yes

If they have been paid in full, date of the last payment [] Y Y Y Y M M D D

Outstanding amount (if any): \$ _____ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) _____

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the Criminal Code on or after October 24, 2013 and on or before December 13, 2018? [] No [] Yes

[] The court can confirm no outstanding monies are owed Date of last payment if known: [] Y Y Y Y M M D D

[] Our records have been destroyed Date destroyed [] Y Y Y Y M M D D

Please turn this form over

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 Please print clearly using black ink. Answer all questions.

APPLICANT INFORMATION – You must fill in this information.

Rewrite the full legal name and date of birth of the applicant as provided on the front of this form.

Full legal name: _____ Date of birth (YYYY-MM-DD): _____

Offence information – For court use only. Do not write in this section.

Offence information # 2

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: _____

The court can confirm the substance is cannabis No Yes N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? No Yes

If they have been paid in full, date of the **last payment** ▶

Y	Y	Y	Y	M	M	D	D
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Outstanding amount (if any) \$ _____ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) _____

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the *Criminal Code* on or after October 24, 2013 and on or before December 13, 2018? No Yes

The court can confirm **no outstanding monies** are owed ▶ Date of last payment if known:

Y	Y	Y	Y	M	M	D	D
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Our records have been destroyed ▶ Date destroyed

Y	Y	Y	Y	M	M	D	D
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Offence information # 3

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: _____

The court can confirm the substance is cannabis No Yes N/A

Have all fines, victim surcharges, restitutions, compensation orders and other costs been paid in full? No Yes

If they have been paid in full, date of the **last payment** ▶

Y	Y	Y	Y	M	M	D	D
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Outstanding amount (if any): \$ _____ Please specify the nature of the outstanding amount (e.g., fine, restitution order, costs, etc.) _____

Is the outstanding amount related only to a victim surcharge imposed under section 737 of the *Criminal Code* on or after October 24, 2013 and on or before December 13, 2018? No Yes

The court can confirm **no outstanding monies** are owed ▶ Date of last payment if known:

Y	Y	Y	Y	M	M	D	D
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Our records have been destroyed ▶ Date destroyed

Y	Y	Y	Y	M	M	D	D
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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
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Please put court seal or stamp here.