



**MEASURABLE BENEFIT/SUSTAINED
REHABILITATION FORM**

For the purpose of a Record Suspension Application
Please print clearly using blue ink. You must answer all questions.
Attach additional pages if required.

SECTION A: PERSONAL INFORMATION – You must answer all questions.

What is your full legal name? (You must fill in your name and date of birth at the top of page 2 and any additional pages that you attach to this form).

Last Name: _____ Given Name(s): _____

What is your date of birth?

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

 Signature: _____

SECTION B: You must answer all questions.

1. **Clearly indicate how a record suspension would provide you with a measurable benefit and how it would sustain your rehabilitation into society as a law abiding citizen.**

2. **Describe all positive changes you have already made to improve your situation since your conviction. You may include supporting documents.**

Please turn this form over. ▶

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APPLICANT INFORMATION – You must fill in this information

Indicate the full legal name and the date of birth of the applicant provided on the front of this form

Full legal name: _____

What is your date of birth?

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

SECTION B: (CONTINUED) – You must answer all questions.

3. Information on the offence(s). Describe the circumstances and how/why EACH of the offences was committed. (Who, What, When, Where and How)

4. For all sexual offences, include the age of the victim. Provide official documentation if available.