



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 > [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

[ ] Our records have been destroyed > Date destroyed [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Please turn this form over >

**COURT INFORMATION FORM**  
**Record Suspension Application**  
 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.