

Client Information Form – Rehabilitation Application

Providing false or misleading information will likely result in refusal of your application and may permanently ban your admission to Canada

Complete the form electronically & return to us via e-mail (forms@pardonsandwaivers.com) or mail it to us.
NOTE: If something does not apply, please write N/A (**Not Applicable**). By completing this form you agree to retain FPWS to act on your behalf and to prepare your application. You agree to the payment plan (if any) and to the terms and conditions of FPWS. For full terms & conditions please refer to our website.

Personal Information			Client ID:	
Full Legal Name (First, Middle, Last)				Gender
Other Legal Names Used (Include birth name, legal name change, married name or alias)				
1)		2)		
Date of Birth (mm/dd/yy):		Country of Birth:		
U.S. Citizenship:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Marital Status:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
Today's Date:				
Signature / Initials (Initial if filled out electronically):				

Contact Information		
Primary Phone #	Alternative Phone #	Can we communicate via text message?
		By checking "Yes" box you agree to receive recurring messages from Federal Pardon Waiver Services, Reply STOP to Opt out. Reply HELP for help. Message frequency varies. Message and data rates may apply. Carriers are not liable for delayed or undelivered messages.
E-mail Address (Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

List all previous addresses since the age of 18 (NO PO BOXES). APPLICATION WILL NOT BE ACCEPTED IF THERE IS ANY TIME FOR WHICH YOU HAVE NOT SHOWN AN ADDRESS.

Previous Residential Addresses (List present address first)				From:	To:
Unit # - House, Street name	City/Town	Prov/State	Country	(yyyy-mm)	(yyyy-mm)
					Present

List all previous employment information since the age of 18. If not employed provide information on what you were doing (unemployed, studying, traveling, in detention, etc.)

Name and address of company (write name in full, DO NOT use abbreviations)	Occupation	From: (yyyy-mm)	To: (yyyy-mm)
			Present

Criminal Record: list all offences

Date of offence	Place of offence	Offence description	Sentence	Statute #

Biographic Information – Personal

Ethnicity (Select only one box):

- Hispanic or Latino Not Hispanic or Latino

Race (Select all applicable boxes):

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

NOTE: Attach a separate sheet for any section(s) if necessary or add information below.