

## FPWS Client Information Form – Expungement

Complete the form electronically and save using your full name as the file name. Return this form to us via e-mail (forms@pardonsandwaivers.com) or print it out and send it via regular mail (address is at the bottom of the page). By completing this form you agree to retain FPWS to act on your behalf and to prepare your record suspension application. You agree to the payment plan created for you (if any) and to the terms and conditions of FPWS. For full terms & conditions please refer to our website.

| Personal Information  |               |  |  |  |  |  |
|---|---------------|--|--|--|--|--|
| Full Legal Name (First, Middle, Last)   |               |  |  |  |  |  |
|   |               |  |  |  |  |  |
| Other Names Used (Include birth name, legal name change, married name or alias) |               |  |  |  |  |  |
| 1)  | 2)            |  |  |  |  |  |
| Date of Birth (mm/dd/yy):   | Today's Date: |  |  |  |  |  |
| Signature (Initial if filled out electronically):                               |               |  |  |  |  |  |

| Address Information  |                     |   |      |             |  |
|--|---------------------|---|------|-------------|--|
| Current Home Address (Do not use PO BOX)<br>Street Address   |                     | City  | Prov | Postal Code |  |
|  |                     |   |      |             |  |
| Primary Phone #  | Alternative Phone # | Can we communicate via text message?  |      |             |  |
| E-mail Address (Indicating an e-mail address will<br>authorize all correspondence, including file and personal<br>information, to be sent to the e-mail address you specify) |                     | By checking "Yes" box you agree to receive recurring messages<br>from Federal Pardon Waiver Services, Reply STOP to Opt out. Reply<br>HELP for help. Message frequency varies. Message and data rates<br>may apply. Carriers are not liable for delayed or undelivered<br>messages. |      |             |  |
|  |                     | 🗌 Yes 🗌 No  |      |             |  |
| Mailing address (if different from home address listed above)Street AddressCityProvPostal Code   |                     |   |      |             |  |
|  |                     |   |      |             |  |

Criminal History – Please provide information about your charge: (Complete the following information to the best of your recollection, try to be as accurate as possible.)

1) The Police detachment(s) that arrested and charged you (Detachment name, City and Province)

2) The Charge or charges

3) The date(s) when you were charged (approximate if you don't recall exactly)

4) Disposition (decision of the court in regards to your charge - withdrawn, dismissed, etc.)

\*Please provide a copy of two (2) government issued IDs and the Consent Form along with this form