



# APPLICATION FOR CRIMINAL REHABILITATION

Language of correspondence  
 English OR  French

**SECTION A TO BE COMPLETED BY APPLICANT**

1  APPLICATION FOR APPROVAL OF REHABILITATION      2  FOR INFORMATION ONLY

**SECTION B TO BE COMPLETED BY APPLICANT**

1 Family name Epstein		Given name(s) - Do not use initials Jeffrey Edwards		
2 Date of birth (YYYY-MM-DD) 1953-01-20	3 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4 Country of birth USA	5 Citizenship USA	
6 Marital status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				
7 All other names that I use or have used (Include maiden name, previous married name(s), aliases and nicknames, legal change of name)				
1) Family name		Given name(s)		2) Family name
				Given name(s)
8 My home address is				
No. & street Little St. James Island				Apt./Unit
City/Town St. Thomas		Province / State / Country U.S. Virgin Islands, USA		Postal / ZIP code 00802
9 Mailing address All correspondence should be mailed to box 8 <input type="checkbox"/> or to:				
No. & street 6100 Red Hook Quarter				Apt./Unit B3
City/Town St. Thomas		Province / State / Country U.S. Virgin Islands, USA		Postal / ZIP code 00802
10 Home telephone no. [REDACTED]	11 Business telephone no. [REDACTED]	12 Fax no.	13 Indicate most convenient time to reach you by telephone	
			Time	<input checked="" type="checkbox"/> AM
			3	<input checked="" type="checkbox"/> PM
14 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.) [REDACTED]				

15 I may be inadmissible to Canada because of the following offence(s): (use a separate sheet if necessary, entitled #15: Offences / Convictions)

OFFENCE(S)/CONVICTION	DATE(S) OF OFFENCE(S)/CONVICTION (YYYY-MM-DD)	PLACE OF OFFENCE(S)/CONVICTION	SENTENCE(S)	STATUTE NUMBER(S)
Solicitation of Prostitution	2008-06-30	Palm Beach County, Florida	12 Mos.	FS 796.07
Procuring a person under 18 for Prostitution	2008-06-30	Palm Beach County, Florida	6 Mos. and	FS 796.03
			12 Mos of	
			Probation	

16 On a separate sheet of paper, explain in detail the events/circumstances leading to the offence(s)/conviction(s). Indicate #16: Events / Circumstances on the sheet of paper.

**WARNING**

DETAILS OF ALL OFFENCES AND CONVICTIONS MUST BE ACCURATELY RECORDED ON THIS DOCUMENT. PROVIDING FALSE OR MISLEADING INFORMATION WILL LIKELY RESULT IN A REFUSAL OF YOUR APPLICATION AND MAY PERMANENTLY BAR YOUR ADMISSION TO CANADA.

17 Explain the purpose of your visit or stay in Canada  
To attend the TED 2018 Conference, entitled The Age of Amazement, in Vancouver, BC from April 10-14, 2018, and before, during and after the conference, to meet with, and share information and ideas with other professionals regarding the topics addressed at the TED Conference.

18 On a separate sheet of paper, provide reasons why you consider yourself to be rehabilitated and why you do not represent a risk to public safety. Indicate #18: Rehabilitation Factor on the sheet of paper.

19 Addresses since the age of 18. (Use a separate sheet if necessary)

 Forms will be returned if there is any period of time for which you have not shown an address. Do not use post office (PO) box addresses.

DATES		NUMBER AND STREET (Do not use PO boxes)	APT. NO.	CITY OR TOWN	PROVINCE / STATE COUNTRY
FROM (YYYY-MM)	TO (YYYY-MM)				
		Little St. James Island		St. Thomas	USVI, USA
		358 El Brillow Way		Palm Beach	FL, USA
		9 East 71st Street		New York	NY, USA
		34 East 69th Street		New York	NY, USA
		22 Avenue Foch		Paris	FR
		49 Zorro Ranch Road [Other Addresses]		Stanley	NM, USA

20 Provide the details of your employment history since the age of 18. Start with the most recent information. Under "OCCUPATION", write your occupation or job title if you were working. If you were not working, provide information on what you were doing (for example: unemployed, studying, traveling, in detention, etc.)

**Note: Please ensure that you do not leave any gaps in time.**

 Failure to account for all time periods will result in a delay in the processing of your application.

DATES		NAME AND ADDRESS OF COMPANY (Write name in full, do not use abbreviations)	OCCUPATION
FROM (YYYY-MM)	TO (YYYY-MM)		
		Southern Trust Company, Inc.	
		Florida Science Foundation	
		Financial Trust Company, Inc.	
		J. Epstein & Company, Inc.	
		Bear Stearns & Company The Dalton School [Other Employment]	

THE INFORMATION YOU PROVIDE IN THIS DOCUMENT IS COLLECTED UNDER THE AUTHORITY OF THE CANADA IMMIGRATION AND REFUGEE PROTECTION ACT AND IS STORED IN PERSONAL INFORMATION BANK NUMBER CIC PPU 042, 054 OR 300. THE INFORMATION IS PROTECTED UNDER THE PROVISIONS OF THE PRIVACY ACT AND IS ACCESSIBLE TO YOU UPON REQUEST.

21 I certify that the information provided by me is true and complete to the best of my knowledge.  
I also certify that I am not currently charged with any criminal offence.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
Date (YYYY-MM-DD)

## SECTION C TO BE COMPLETED BY THE OFFICER.

1	Name of originating office		2	File no.	3	NHQ file no. (if known)	
4	Cost recovery code	Fee	GST	Receipt no.	5	FOSS / NCMS ID no.	
6	Equivalent offence(s) under Canadian law			7	Maximum penalty under Canadian law		
8	Inadmissibility provision(s)		<input type="checkbox"/> A36(1)a <input type="checkbox"/> A36(1)b <input type="checkbox"/> A36(1)c <input type="checkbox"/> A36(2)a <input type="checkbox"/> A36(2)b <input type="checkbox"/> A36(2)c				
9	Eligible to apply for rehabilitation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		10	Date when subject was / will be eligible (YYYY-MM-DD)	
11	If subject is not eligible, state reason(s)						
12	Officer's recommendation						
<input type="checkbox"/> I recommend approval of rehabilitation <input type="checkbox"/> I recommend an application for a Temporary Resident's Permit <input type="checkbox"/> I do not recommend approval of rehabilitation <input type="checkbox"/> I do not recommend an application for a Temporary Resident's Permit							
13	Reasons for recommendation						
14	Name of officer		15	Signature of officer		Date (YYYY-MM-DD)	

Reviewing officer's recommendation	16 <input type="checkbox"/> I concur / approve	17 <input type="checkbox"/> I do not concur / approve
18 Comments		
19 Name of reviewing officer	20 Signature of reviewing officer	Date (YYYY-MM-DD)

21 List of documents or photocopies attached - check those attached		
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License and USA Birth of Certificate (USA-born citizens only) <input type="checkbox"/> Court judgement(s) <input type="checkbox"/> Text of non-Canadian statutes <input type="checkbox"/> Police certificate <input type="checkbox"/> Documentation re: sentence, parole, probation, fine or pardon <input type="checkbox"/> Documentation re: juvenile offender <input type="checkbox"/> Other documentation (specify)		
I certify that a copy of these documents has been provided to the applicant and that the applicant has been given an opportunity to provide comments.		
22 Name of officer	23 Signature of officer	Date (YYYY-MM-DD)

**SECTION D FOR OFFICE USE ONLY**

Notification by (fax/e-mail) received that authority from the Minister for relief under A36(1)(b) or A36(1)(c) was:	▶ <input type="checkbox"/> Granted <input type="checkbox"/> Refused	Initials	Date (YYYY-MM-DD)
Authority from the Minister's delegate for relief under A36(2)(b) or A36(2)(c) granted	▶ <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (YYYY-MM-DD)	
Name (please print)	Title		
_____ SIGNATURE		_____ Date (YYYY-MM-DD)	