

# APPLICATION

(FORM TO BE COMPLETED IN DUPLICATE AND IN BLOCK CAPITALS)

CRIMINAL RECORDS (REHABILITATION OF OFFENDERS) BOARD

1. SURNAME (IN BLOCK CAPITALS) MR./MRS./MISS CONTACT NUMBER(S)

2. CHRISTIAN NAME MIDDLE NAME MALE  FEMALE

3. DATE OF BIRTH PLACE OF BIRTH TRN:  
(dd/mm/yyyy)

4. PRESENT ADDRESS

4b. PREVIOUS ADDRESS(ES) WITHIN THE LAST FIVE (5) YEARS

5. (a) OCCUPATION

5B. NAME AND ADDRESS OF EMPLOYER (IF ANY)

6. OFFENCE FOR WHICH CONVICTED	SENTENCE (S)	DATE AND PLACE CONVICTED	COURT CONVICTED	CRO NUMBER
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
(vii)				
(viii)				
(ix)				
(x)				

7a. ARE YOU RE-APPLYING? YES  No

7b. REASON FOR EXPUNGEMENT?

8. NAMES, ADDRESSES AND CONTACT NUMBER(S) OF TWO (2) PERSONS TO BE CONTACTED ON BEHALF OF APPLICANT.

i.

ii.

9. NAMES, ADDRESSES AND CONTACT NUMBER(S) OF TWO (2) REFEREES TO PROVIDE RECOMMENDATIONS (NO FAMILY MEMBERS)

i.

ii.

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SIGNATURE OF APPLICANT

**10. PLEASE NOTE APPLICATION MUST BE ACCOMPANIED BY:**

- (1) Fingerprints Impression which can be done at the Criminal Records Office located at 34 Duke Street, Kingston, Summit Police Station (St. James), May Pen Police Station (Clarendon) and Area 2 Police Headquarters, Pompano Bay (St. Mary).
- (2) Receipt from the Inland Revenue Department (Tax Office) for the processing of the application
- (3) Two (2) Letters of recommendation
- (4) any other document in support of the application

**11. INFORMATION AND NOTES FOR GUIDANCE TO APPLICANTS**

“SECTION 21 OF THE CRIMINAL RECORDS (Rehabilitation of Offenders) Act – Every application made under Section 20, shall be in writing and state the following:

- (a) the full name and age of the applicant;
- (b) the offence for which the applicant was convicted; and the sentence imposed by the Court in respect of that conviction;
- (c) the date and place of conviction;
- (d) the court before which the applicant was convicted;
- (e) any other written representation on which the applicant relies in support of his application;
- (f) such other information as may be prescribed.”

**FOR OFFICIAL USE ONLY**

COMMENTS OF OFFICER IN CHARGE C.R.O.	15. COMMENTS / DECISION OF BOARD		
	APPLICATION	APPROVED	REFUSED
		<input type="checkbox"/>	<input type="checkbox"/>
	<b>CHAIRMAN'S SIGNATURE</b>	<b>DATE</b>	
	<b>MEMBERS OF THE BOARD</b>	<b>DATE</b>	

**NOTE:** Applications should be forwarded to the Secretary, Criminal Records (Rehabilitation of Offenders) Board, Ministry of Justice, 61 Constant Spring Road, Kingston 10.

