

Outstanding Warrants Check

To be completed by Originating Office

To be completed by Originating Office						
Worker Name:			Office Code: [generic office idir]			
Phone No.: [private office number]			Original Sent Date:			
Contact Informa	tion:					
Last Name			First Name			
Middle Name(s)			·			
Alias Name(s)			Gender	[please specify][other description]		
Date of Birth			Place of Birth	[city],[province],[country]		
ICM PID #			Consent on File?	[choose one]		
SDPR ID require	ments met?	[choose one]	_			

To be completed by After Hours staff only

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TO: Criminal Records Review Program

Ministry of Public Safety and Solicitor General

Phone: (250) 387-1973

FROM: SDPR Provincial Afterhours Office 298

Name: Ministry of Social Development and Poverty Reduction

Phone: (604) 660-6263

Reference No.: [yyyy-mm-counter number]

T					
To be completed by Criminal Records Review Program staff only					
A) Outstandin	ng arrest warrant(s)*? [choose one]				
IT YES, pie	ase provide date and jurisdiction for each warrant:				
Date	Jurisdiction				

* For the purpose of this form, "Outstanding Arrest Warrant" means an unexecuted warrant for arrest issued under the *Immigration and Refugee Protection Act* (Canada) or any other enactment of Canada in relation to an offence that is deemed under section 34(1) of the *Interpretation Act* (Canada) to be an indictable offence.

CRR INITIALS:

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DATE: