



OUTSTANDING WARRANTS CHECK

TO BE COMPLETED BY ORIGINATING OFFICE

Worker Name:		Office Code: [generic office idir]	
Phone No.: [private office number]		Original Sent Date:	
<b>CONTACT INFORMATION:</b>			
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]
ID requirements met?	[choose one]		

TO BE COMPLETED BY AFTER HOURS STAFF ONLY

**DATE:**

**TO:** Criminal Records Review Program  
Ministry of Public Safety and Solicitor General

Phone: (250) 387-1973

**FROM:** SDSI Provincial Afterhours Office 298  
Name: Ministry of Social Development and Social Innovation

Phone: (604) 660-6263

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

TO BE COMPLETED BY CRIMINAL RECORDS REVIEW PROGRAM STAFF ONLY

A) OUTSTANDING ARREST WARRANT(S)\*? [choose one]  
If YES, please provide date and jurisdiction for each warrant:

Date	Jurisdiction

DATE: \_\_\_\_\_ CRR INITIALS: \_\_\_\_\_

\* 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.

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