

Step 1



PROVINCIAL COURT OF NEWFOUNDLAND AND LABRADOR

APPLICATION FOR COURT CHECK

(This is not a request for a Certificate of Conduct. If you require a Certificate of Conduct, please check with the nearest police detachment).

Form with fields: SURNAME, GIVEN NAMES, ANY OTHER SURNAME, MAIDEN NAME, PHONE NUMBER, DATE OF BIRTH (YEAR, MONTH, DAY), PRESENT ADDRESS, STREET / PO BOX, CITY, PROV., POSTAL CODE, ADDRESSES IN THE LAST FIVE YEARS, HAVE YOU BEEN CONVICTED..., NATURE OF CHARGES, DATES OF CONVICTION, COURT LOCATION OF CONVICTION.

FEE FOR COURT CHECK

\$20.00 - cash, cheque, or money order payable to Provincial Court of Newfoundland and Labrador or NL Exchequer

FEE EXEMPTIONS

(Please check applicable box)

- Volunteer, Foster Parent, Adoption, Court Purposes, Record Suspension, Pre-paid Certificate of Conduct RNC.

DATE OF REQUEST: _____

SIGNATURE: _____

(Please include \$20.00 Fee)

- PICK UP, MAIL OUT

NOTE: A PREVIOUS CONVICTION LETTER WILL NOT BE ISSUED IF THERE ARE ANY OUTSTANDING FINES WITH THE COURT.

Step 2



Royal Canadian Mounted Police

Gendarmerie royale du Canada

APPLICATION FOR POLICE RECORDS CHECK

NOTICE: A person requiring a Police Records Check must complete the following steps:

- 1 An applicant for a Police Records Check is required to get a clearance from the Provincial Court having jurisdiction in the area where the applicant presently resides, as well as from any other area where the applicant previously resided. (Costs associated with Court Records Checks are not the responsibility of the police).
- 2 Once a Court Record Check has been obtained, please complete this Application, including "Section 2" if applicable.
- 3 Bring the completed Form and the Court Record clearance to the appropriate RCMP Detachment. The time frame required to complete this check will vary, depending on workload and available resources.
- 4 The Completed Police Records Check will only be provided to the person named. Suitable identification will be required. In unusual circumstances, other arrangements may be made, but must be accompanied by written authorization from the applicant.

SECTION 1: (To be completed by all applicants) Please Print:

SURNAME: _____ MAIDEN NAME: _____

GIVEN NAMES: _____
First Second Third

SEX: M F

DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Year Month Day

STREET ADDRESS: _____

MAILING ADDRESS (including postal code) _____

LIST ALL PREVIOUS ADDRESSES (IF DIFFERENT FROM ABOVE):

1) _____ FROM: _____ TO: _____

2) _____ FROM: _____ TO: _____

3) _____ FROM: _____ TO: _____

HOME PHONE _____ WORK PHONE NUMBER _____

CELL PHONE _____

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE ATTACH DETAILS.

1. Have you ever been convicted of any offence in Canada or the United States, for which a pardon has not been granted?

YES NO

2. Have you ever changed your name?

YES NO

2. Have you ever been prohibited by any court from possessing any firearm, ammunition or explosive substance?

YES NO

WHAT TYPE OF EMPLOYMENT OR VOLUNTEER WORK ARE YOU APPLYING FOR?

CONSENT AND WAIVER:

- a) I hereby request that a search be conducted of the records of the Royal Canadian Mounted Police to determine if there are any criminal convictions or criminal findings of guilt related to myself in these records. I hereby consent to the disclosure of any and all information resulting for this check.
- b) I hereby agree that no liability attaches to the Royal Canadian Mounted Police in relation to this record search. I further agree that the Royal Canadian Mounted Police is not responsible for any inaccuracies that may result from this search.

APPLICANT'S

SIGNATURE: _____

DATE: _____

VULNERABLE SECTOR CHECK

SECTION 2: (VOLUNTEERS AND PERSONS WORKING WITH CHILDREN, ELDERLY, ETC.)

This Section is to be completed by those applying to work or volunteer with agencies or groups dealing with children or young persons (under 18 years), elderly, individuals with special physically or mental health needs.

Name of Agency or Group: _____

Contact Person: _____

Telephone No.: _____

Position applying for: _____

In making this application for a Police Records Check under this Section, I agree to allow the Royal Canadian Mounted Police to:

- (a) extend the search to include current investigations and present and pending charges;
- (b) notify the institution or agency of any ineligibility to obtain a Police Records Check, and
- (c) notify the agency or group representative of any present or pending charges against me:

APPLICANT'S

SIGNATURE: _____

DATE: _____

SIGNATURE OF

AGENCY REPRESENTATIVE: _____

CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED:

(NOTE: This section is to be completed by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable person, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.)

CONSENT

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

APPLICANT'S

SIGNATURE: _____

DATE: _____

OFFICE USE ONLY

COURT CHECK: CPIC CHECK: PROS/PIRS CHECK: OTHER CHECKS: (_____)

CERTIFICATE COMPLETED: LETTER SENT: AGENCY ADVISED:

SIGNATURE OF

PERSON COMPLETING CHECK: _____

DATE: _____