

# REHABILITATION OF OFFENDERS

## APPLICATION

(FORM TO BE COMPLETED IN DUPLICATE AND IN BLOCK CAPITALS  
CRIMINAL RECORDS (REHABILITATION OF OFFENDERS COMMITTEE))

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

2. FIRST NAME MIDDLE NAME MALE \_\_\_\_ FEMALE \_\_\_\_

3. DATE OF BIRTH PLACE OF BIRTH N.I.B. #

4. PRESENT ADDRESS

4b PREVIOUS ADDRESSES WITHIN THE LAST 5 YEARS

5. OCCUPATION 5b. NAME AND ADDRESS OF EMPLOYER (IF ANY)

OFFENCE FOR WHICH CONVICTED	SENTENCE (S)	DATE AND PLACE CONVICTED	COURT CONVICTED	CRO NUMBER

6. ARE YOU RE-APPLYING? YES \_\_\_\_ NO \_\_\_\_

7. REASON FOR EXPUNGEMENT

\_\_\_\_\_  
\_\_\_\_\_

8. ARE YOU A FIRST TIME OFFENDER? YES \_\_\_\_ NO \_\_\_\_

9. WERE YOU UNDER THE AGE OF 18 YEARS AT THE TIME OF THE OFFENCE/CONVICTION?  
YES \_\_\_\_ NO \_\_\_\_

10. Names, Addresses and Contact Number(s) of Two (2) Persons to be contacted on behalf of Applicant.

1. \_\_\_\_\_

2. \_\_\_\_\_

11. Names, Addresses and Contact Number(s) of Two Referees to provide recommendations (NO FAMILY MEMMBERS)

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

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

- Government Photo Identification
- Two Recent Passport Photos;
- Fingerprint Impression which can be done at the Criminal Records Office located at University Drive or any Police Station;
- Receipt from the Inland Revenue Department (Tax Office) for the processing of the application or from the Ministry of National Security Customer Service Desk;
- Any other documents in support of the Application.

**13. INFORMATION AND NOTES FOR GUIDANCE OF THE APPLICANT**

Section 10 provides for an application to be made for early Rehabilitation

Section 12 creates the rules and policies for the hearing of the application which shall include the following:

- The full name and age of the applicant;
- The offence for which the applicant was convicted, and the sentence imposed by the Court in respect of that conviction;
- The date and place of conviction;
- The court before which the applicant was convicted;
- Any other written representation on which the applicant relies in support of his application;
- Such other information s may be prescribed.

**FOR OFFICIAL USE ONLY**

DOCUMENTS			RECOMMENDATION OF COMMITTEE	
			Application: Approved ____ Refused ____	
			Deferred ____	
Antecedent Form	YES ____	NO ____	Members of the Board	Date:
B.D.C.S Report	YES ____	NO ____	1.	
Social Inquiry Report	YES ____	NO ____	2.	
			3.	
			4.	
			5.	
			Chairman's Signature	Date:
			Seal:	

\_\_\_\_\_  
Minister Signature

**NOTE:** Applications should be forwarded to the Officer in Charge of Criminal Records, University Boulevard, Nassau, Bahamas, or the Ministry of National Security, Charlotte House, Shirley Street, Nassau, Bahamas