FORM A.2
[*Clause 5.1(1)(a)*]

RESULTS OF CRIMINAL RECORD CHECK FOR CANDIDATE FOR ELECTION

NAME OF CANDIDATE: _____
Last Name Given Name Middle Name

PREVIOUS NAME and/or ANY OTHER NAMES USED: _____

ADDRESS: _____
Apt.# Street/Avenue

_____
City/Town Province/Postal Code Telephone Number

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

GENDER: Male / Female

CITY: _____
Name of city

NAME OF LOCAL POLICE SERVICE THAT CONDUCTED CHECK: _____

CRIMINAL RECORD CHECK ATTACHED: Yes / No

Note: The criminal record check from the local police service must be attached to this form to be acceptable for submission with the nomination paper and must have been completed not more than 30 days before the date of submission.

STATEMENT OF CONSENT: *I consented to a search of all records available at the time the search was conducted, including charges before the courts (including active alternative measures, stays of proceedings entered within one year of this request and findings of unfit to stand trial), findings of guilt or convictions (including youth records accessible under subsection 119(2) of the Youth Criminal Justice Act) and court orders (including peace bonds, restraining orders and recognizances under sections 810.01, 810.1 or 810.2 of the Criminal Code) registered in my name in the National Repository and local records available to the police service. I understand that if a possible record existed, it would not be disclosed until identification was confirmed by either myself or by fingerprints. I also understand that apprehensions, orders or other records relating to The Mental Health Services Act or The Youth Drug Detoxification and Stabilization Act were not disclosed.*

I understand criminal record checks submitted pursuant to section 63.1 of The Cities Act:

- *are not considered to be for a volunteer position;*
- *are not considered to be for a position with the vulnerable sector;*
- *do not require fingerprint verification for the sake of submission with the nomination paper and it was my option to submit a fingerprint verification to confirm my identity and record or lack of a record;*
- *do not require a release of information to a third party because I received the results personally; and*
- *are not required to include copies of the records themselves.*

Dated this____ day of _____ 20 ____ . **Signature:** _____