



NOTE : [Reference document = CD 704](#)

**REQUEST FOR TRANSFER TO CANADA  
PURSUANT TO THE INTERNATIONAL TRANSFER OF OFFENDERS ACT  
AND UNDER THE TERMS OF THE AGREEMENT  
BETWEEN CANADA AND**

**PUT AWAY ON FILE**  
Administrative or Operational File  
▶ **Original - 1820-3**

Foreign state		
Name	Inmate number	Institution

**1. APPLICATION**

I hereby request a transfer to Canada to complete my sentence:

Date  
YYYY-MM-DD

▶ _____ Signature	▶ _____ Witness	
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**2. PERSONAL IDENTIFICATION**

Alias(es)	Date of birth YYYY-MM-DD
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Place of birth (City, province/state, country)

Last address in Canada (Number, street, apt., city, province, postal code)

**3. NEXT OF KIN**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Last name	Given name(s)	Initial(s)
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Address (Number, street, apt., city, province/state, postal code, country)

Telephone number	Relationship to you ▶ My
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**4. CITIZENSHIP**

Are you a Canadian citizen by

- a) Birth  Yes  No
- b) the grant of a certificate of citizenship  Yes  No
- c) the grant of a certificate of naturalization  Yes  No

**NOTE:**  
You are required to prove that you are a Canadian citizen. For assistance in this matter, contact the nearest Canadian diplomatic post.

**5. CHOICE OF DESTINATION**

- a) The following is to be completed by an applicant who is
  - i) less than sixteen years of age, or
  - ii) serving a term of imprisonment of less than two years, or
  - iii) on parole, or
  - iv) on probation.

Number in order of preference (1, 2, 3, etc), the provinces or territories of Canada to which you would be interested in transferring:

- |                                       |                                       |   |   |  |  |                                  |
|---------------------------------------|---------------------------------------|---|---|--|--|----------------------------------|
| <input type="checkbox"/> Newfoundland | <input type="checkbox"/> Nova Scotia  | <input type="checkbox"/> Prince Edward Island | <input type="checkbox"/> New Brunswick    | <input type="checkbox"/> Quebec                | <input type="checkbox"/> Ontario         | <input type="checkbox"/> Nunavut |
| <input type="checkbox"/> Manitoba     | <input type="checkbox"/> Saskatchewan | <input type="checkbox"/> Alberta              | <input type="checkbox"/> British Columbia | <input type="checkbox"/> Northwest Territories | <input type="checkbox"/> Yukon Territory |                                  |

- b) The following is to be completed by an applicant who has been sentenced to two years or more in a penal institution.

Number in order of preference, (1, 2, 3 etc), the regions to which you would be interested in transferring:

- |                                   |                                 |                                  |                                   |                                  |
|-----------------------------------|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Atlantic | <input type="checkbox"/> Quebec | <input type="checkbox"/> Ontario | <input type="checkbox"/> Prairies | <input type="checkbox"/> Pacific |
|-----------------------------------|---------------------------------|----------------------------------|-----------------------------------|----------------------------------|

**NOTE:** This application will be used to determine whether you will or will not be transferred to Canada. If you are transferred, your choice of province or region will be considered but your actual destination will be decided by Canadian correctional officials after your arrival.

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**6. SUPPORT**

List persons who might be willing to give you support following your transfer.

Name	Address	Telephone number	Relationship

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**7. OTHER INFORMATION**

Provide any other information that you think Canadian officials should know about you or your case.