

# Protected when completed Measurable Benefit/Sustained Rehabilitation Form

For the purpose of a Record Suspension Application

Please print clearly using blue or black ink. You must answer all questions. Attach additional pages if required.

**What is your full legal name?** (You must also fill in your name and date of birth at the top of page 2 and any additional pages that you attach to this form.)

Last Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

What is your date of birth? 

Y	Y	Y	Y	M	M	D	D
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Signature: \_\_\_\_\_

**1. Clearly indicate how a record suspension would provide you with a measurable benefit and how it would sustain your rehabilitation into society as a law abiding citizen.**

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**2. Describe all positive changes you have already made to improve your situation since your conviction. You may include supporting documents.**

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**Please turn this form over. →**

