



September 2012

Calgary Drug Treatment Court

Application Package

- Program Application Form
- Waiver and Consent Part I
- Consent to Share Health Information

Step 1: Crown Eligibility Review

As part of the CDTC application process, the applicant must complete and submit as a single package, the following two (2) documents:

- Program Application Form
- Waiver and Consent – Part I

The completed application package is to be submitted to the appropriate Federal or Provincial, Crown Prosecutors office.

Note: The Crown Prosecutor **will not** initiate further action on the application until both forms are received.

Step 2: Treatment Eligibility Review

Additionally, as part of the CDTC application process, the applicant must complete and submit the following release of information form:

- Consent to Share Health Information (CSHI)

The signed consent form is to be faxed over to the Calgary Drug Treatment Court main office (403-476-4701).

If applicable, the original signed form is to be retained on the applicant's AHS Client Health Information file as utilized by AHS at the Calgary Remand Centre.

Note: If the applicant passes the Crown Eligibility phase, the applicant will be assessed by the CDTC Treatment Team. Having, at the outset, the signed Consent to Share Health Information form will contribute to the assessment team accessing relevant information and ultimately, to a more timely treatment eligibility decision.



CALGARY DRUG TREATMENT COURT APPLICATION FORM

Legal Name/Full:		
Date of Birth:	Defence Counsel:	
Current Address: <input type="checkbox"/> On the Street <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Residential Treatment	<input type="checkbox"/> With friends/family <input type="checkbox"/> Own residence <input type="checkbox"/> Rental house or apartment	<input type="checkbox"/> Subsidized housing <input type="checkbox"/> Transitional housing <input type="checkbox"/> Room rental
I am currently in custody: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, where? Remand Centre <input type="checkbox"/> Other <input type="checkbox"/> _____		

CURRENT & OUTSTANDING CHARGES:

What are you currently charged with in Alberta?	
Name of Co-accused (s):	Relationship to co-accused (s):
Do you have charges/warrants outside of Alberta?	
Are you currently on Probation?	Name of Probation Officer:
Do you have any outstanding immigration issues? Please explain.	

CRIMINAL RECORD:

Do you have a criminal record?	Explain:	
Do you have any convictions that involve violence? As best you can, tell us your story of what happened. What was the situation, who was involved and what did you do?		
Drug of Choice:	Last Used:	Comments
<input type="checkbox"/> Cocaine		
<input type="checkbox"/> Methamphetamine		
<input type="checkbox"/> Heroin		
<input type="checkbox"/> Prescription		
<input type="checkbox"/> Marijuana		
<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Other (specify)		

1. Have you ever taken any steps to deal with your addiction?
 - a. If **YES**, what have you tried and when?

 - b. If **NO**, why do you think you have never tried to deal with your addiction?

2. How do you think you will benefit by participating in the Drug Court program?

3. Is there anything you want to tell us about YOU that will help us to understand you better and that can help us to make our decision to ACCEPT or NOT ACCEPT you into this program? Please explain.

False or misleading information provided in this form or during any phase of the CDTC screening process may result in your expulsion from the program.

Signed at Calgary, Alberta on the _____ day of _____ month, 20 _____

Applicant

Defence Counsel

Signature

Signature



CALGARY DRUG TREATMENT COURT WAIVER AND CONSENT – PART 1

*The 'Part 1 Waiver and Consent' is completed by an accused that chooses to **apply for participation in the Calgary Drug Treatment Court Program**. The accused must have a demonstrable dependence on cocaine, heroin, methamphetamine or other opiate. This form must be signed and submitted together with the CDTC Application Form.*

1. I, _____ understand that I am charged with:

on information(s) _____

2. I recognize that the CDTC is intended to assist in my recovery from drug addiction. I wish to use this opportunity to overcome my drug problem and return to a productive life in the community.
3. I have read the Crown disclosure containing a summary of the evidence against me. I have spoken to a lawyer and received legal advice about the charge(s) including whether there are any defences to the charge(s) or any weaknesses in the evidence against me.
4. I choose to apply for a drug treatment program (herein the "Program") approved by the Provincial Court of Alberta and remain under the supervision of the Calgary Drug Treatment Court Team.
5. The Drug Treatment Court Team consists of the Crown Prosecutor(s), Duty Counsel, the Judge(s), Probation, Police Representatives and Treatment Representatives (herein the "Team").
6. I understand that I must qualify for, and be accepted into, the Program by the Crown Prosecutor(s) AND Treatment Representatives.
7. I understand that when I apply to the Program, the Team will discuss my case to determine my eligibility. A condition of being allowed to apply for participation in the Program is the waiver of my right to be present at that meeting. I am satisfied that Duty Counsel or my lawyer will represent my interests.

8. I understand that in order to be considered for acceptance into the Program, I must:
- a. **Waive my right to be tried within a reasonable time, as per my right under section 11(b) of the Canadian Charter of Rights and Freedoms, until my application is either approved or rejected;**
 - b. Give information about my background;
 - c. Give my history of drug use;
 - d. Undergo random drug testing (urinalysis and/or saliva);
 - e. Complete a medical, psychological and addictions assessment.
9. If I am NOT accepted into the Program, my case will return to the regular court system. Everything I have said or done during this application process will be kept confidential and can never be used against me in court.
10. I understand that information I provide in the course of the application process may form part of an evaluation study of the Program. If this is the case, my identity will also be kept confidential.

I have read and understood this form. I choose to apply for participation in the CDTC.

Dated: _____, 20 __ at Calgary, Alberta.

APPLICANT:

NAME: _____ Signature: _____

(please print)

DEFENCE COUNSEL:

NAME: _____ Signature: _____

(please print)

Address: _____ Telephone: _____

False or misleading information provided during any phase of the Calgary Drug Treatment Court Program may result in the applicant's expulsion from the program.



CDTC Consent to Share Health Information

To: Calgary Drug Treatment Court
Suite 604, 620 7th Avenue SW
Calgary, AB
T2P 0Y8
Phone: 403-476-4696
Fax: 403-476-4701

I _____ agree that my full Alberta Health
(Applicant's name)
information (programs and/or services) may be shared with the Calgary Drug Treatment Court,
Treatment Team.

I _____ agree that my participation in any/all programs and/or
(Applicant's name)
services as provided at the Calgary Remand Centre may be shared with the Calgary Drug Treatment Court
Treatment Team.

Full Signature: _____

Print Signature: _____

Date Signed: _____