



CALGARY DRUG TREATMENT COURT APPLICATION FORM

Legal Name/Full (First, Middle, Last):

Date of Birth (Month/Date/YYYY):

Defence Counsel:

I am currently in custody: Yes No

If Yes, where? Calgary Remand Centre Yes Other: _____

I am currently out on BAIL? Yes No

If yes, I can be reached at:

Address:

Phone:

Prior to this arrest/in-custody, I resided at:

- On the Street
- Emergency Shelter
- Residential Treatment
- With friends/family
- Own residence
- Rental house or apartment
- Subsidized housing
- Transitional housing
- Room rental

Comments:

CURRENT & OUTSTANDING CHARGES:

What are you currently charged with in Alberta? Yes No

Explain:

Are you currently on Probation? Yes No

Name of Probation Officer:

Do you have any outstanding immigration/refugee issues? Yes No

Please explain.

CRIMINAL RECORD:

Do you have a criminal record? Yes No

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:	When did you last use?	How much?
<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