



## 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:

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on information(s) \_\_\_\_\_

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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.**