



## Calgary Drug Treatment Court

### Application Package

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

#### 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)
- Consent to Share Screening Information and Assessment

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 (First, Middle, Last):	
Date of Birth (Month/Day/Year):	Defence Counsel:
Are you currently in custody? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?    Calgary Remand Centre _____    Other: _____	

Are you currently out on Bail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is yes, please tell us where we can reach you:
Address: _____
Phone #: _____    Alternate phone #: _____

<b>Housing:</b> Prior to this arrest/in custody, where did you reside: <input type="checkbox"/> On the street <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Supported/Transitional housing <input type="checkbox"/> With family/friends <input type="checkbox"/> My own rented or owned apartment/house <input type="checkbox"/> Other - please describe _____	<b>Employment:</b> <input type="checkbox"/> How many jobs have you had in the past 12 months? _____ <input type="checkbox"/> Have you lost a job or quit a job in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> What is the longest period of time you worked last year? _____ <input type="checkbox"/> Are you receiving income through Alberta Works? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who do you live with? _____	What is the highest level of education you have completed? _____
How many places have you lived in the past 12 months? _____	Comments:

<b>Current Charges:</b>	
Do you currently have charges in Alberta? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe your charges:	
Are you currently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Probation Officer:

**Immigration Status:**

Are you a Canadian citizen?  Yes  No  
If not, what is your legal status in Canada? \_\_\_\_\_  
Do you have any outstanding immigration/refugee issues?  Yes  No  
Please explain:

**Criminal Record:**

Do you have a criminal record?  Yes  No  
Please describe:

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 Use:**

Do you have a drug addiction?  Yes  No

Drug(s) of Choice	When did you last use?	How much?
<input type="checkbox"/> Cocaine or Crack Cocaine		
<input type="checkbox"/> Methamphetamine		
<input type="checkbox"/> Heroin		
<input type="checkbox"/> Prescription drugs		
<input type="checkbox"/> Fentanyl		
<input type="checkbox"/> Marijuana		
<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Other (specify) _____		

**Supports:**

Who do you know in Calgary (family, friends) that you consider to be supportive to you?

Family members:

Friends:

**Treatment History:**

Have you taken steps in the past to get help with your addiction?  Yes  No

If yes, what have you tried and when?

If no, why do you think you have not tried to get help with your addiction?

In the space below, please tell us how you think you will benefit by participating in the Drug Treatment Court program?

In the space below, please tell us anything you would like to share about yourself that will help us to understand you better, and to understand how we might be able to help you?

Please note: False or misleading information provided on this form, or during any phase of the CDTC screening process may result in a decision not to accept you into the program.

Signed at Calgary, Alberta on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Printed Name of Defence Counsel)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of Defence Counsel)





## 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 consent to participate in a screening and intake assessment conducted by Treatment Representatives. I give consent for Treatment Representatives to share this assessment with residential addictions treatment agencies and/or housing agencies in order to obtain suitable treatment or housing, which is required for my acceptance into the program.

8. 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.
  
9. 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 information about 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 will be used to evaluate the program, learn about best practices and report to funders. I understand that all information will be aggregated so that I will not be individually identified and so that my personal information will 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.**



## CALGARY DRUG TREATMENT COURT

### WAIVER AND CONSENT – PART 2

*The 'Part 2 Waiver and Consent' is completed by the accused who are accepted for participation in the Calgary Drug Treatment Court Pilot Project. It is expected that this form will be signed and submitted after the accused is accepted into the program.*

2. I, \_\_\_\_\_ understand that I am charged with:

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on Information(s) \_\_\_\_\_

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3. I have read or received legal advice regarding the Crown disclosure containing a summary of the evidence against me. I have spoken to a lawyer about the charge(s) including whether there are any defences to the charge(s) or any weaknesses in the evidence against me.
4. I do not want a trial. I will give up my right to plead not guilty.
5. To assist me in dealing with my addictions, I consent to take part in a drug treatment program approved by the court and remain under the supervision of the court (the "Program" hereafter referred to).
6. I understand that it is a program of intense supervision by a Judge. I will be required to undergo an extensive course of treatment to complete the Program, which will take approximately 15 to 18 months to finish. The Court will decide if and when I have successfully completed the Program. By choosing to participate in the Program, I agree to waive my right to be sentenced as soon as reasonably possible. I understand and give my consent to my sentencing being delayed until completion of, or termination from, the Program.



7. I understand that I will be assigned to an individualized treatment plan. My treatment plan will require me to attend regular treatment sessions and may include other treatment-related obligations as determined by the treatment provider and the Drug Treatment Court Team.
  
8. If I am presently on judicial interim release, I consent to the revocation and re-consideration of my current release conditions, so that I can be re-released on bail conditions as imposed by the Drug Treatment Court. These bail conditions may include some or all of the following:
  - Making weekly Court appearances,
  - Agreeing to regular reports on my progress being shared between my treatment providers and the CDTC Team,
  - Attending regularly for counseling and medical care as directed by the Court and my treatment provider,
  - Undergoing random drug testing,
  - Obeying the conditions of my bail,
  - Participating in any additional or ongoing medical, psychological and addictions assessments as may be directed,
  - Keeping all information about other participants confidential,
  - Not acting as an informant on the basis of information obtained as a result of participation in the Program,
  - Advising the Court of any new criminal charges against me,
  - Continuing to provide accurate and complete information about my background, my history of drug use and information about present or continuing drug use.
  
9. I understand that I may apply to the Court to change my bail conditions.
  
10. I understand that if I do not comply with the conditions of my bail release, sanctions may be imposed, my bail may be varied or revoked and/or I may be discharged from the Program. I also understand that if I commit new offences I may be charged with these offences as well as a breach of the conditions of my release.

11. I understand that the types of sanctions the Court may impose while I am in the Program may include:
- Curfew restrictions
  - Community service work
  - House arrest
  - Extension of the number of months that I must spend in the Program
  - Other reasonable sanctions.
12. I understand that if I fail to comply with the sanctions imposed my bail may be varied or revoked and/or I may be expelled from the Program.
13. I further understand that the Court has the discretion, in consultation with my treatment provider, to increase or decrease my counseling appointments as required and to order me to attend a detoxification centre.
14. I understand that, while I am participating in the Program, members of the Drug Treatment Court Team will discuss my case prior to each attendance in Drug Treatment Court. As a condition of being allowed to participate in the Program, I waive my right to be present at those meetings. I am satisfied that Duty Counsel or my lawyer will represent my interests.
15. I understand that, at any time within the first 30 days following the entry of my guilty plea, I can leave the Program. My guilty plea will be struck and the Drug Treatment Court bail order will be cancelled. I will be returned to custody and a new bail hearing will be conducted in the regular court system. Everything I have said or done during my participation in the program will be kept confidential and can never be used against me in court.
16. I understand that, once I have been accepted into the Program, and once the 30-day opting out period has passed, if I choose to leave the Program before graduation, my guilty plea stands and I will be sentenced by the Drug Treatment Court Judge.
17. In the course of my participating in the program, I agree to cooperate with the preparation and completion of ongoing medical, psychological and addictions assessments as directed, to determine my progress in the Program.

18. I understand that as a requirement of my participation in the program, information will be collected regarding my background, participation, needs and progress. This information will be used to evaluate the program, learn about best practices and report to funders. I understand that all information will be aggregated so that I will not be individually identified and so that my personal information will be kept confidential.

I have read and understand this form. I consent to participate in this Treatment Program and to obey all the terms and conditions of my bail.

**Dated** \_\_\_\_\_ at Calgary, Alberta.

**APPLICANT:**

**NAME:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(please print)

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**DEFENCE/DUTY COUNSEL:**

**NAME** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(please print)

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_



## CDTC Consent to Share Health Information

To: Calgary Drug Treatment Court  
Suite 604, 620 7<sup>th</sup> 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, including any and all information regarding my health status and prescribed medications, 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 provide to me while at the Calgary Remand Centre may be shared with the Calgary Drug Treatment Court Treatment Team.

Full Signature: \_\_\_\_\_

Print Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



## CDTC Consent to Share Screening Information and Assessment

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

I \_\_\_\_\_ agree that information provided to CDTC Treatment  
(Applicant's Name)

Representatives as part of the application process, including the assessment report completed by CDTC Treatment Representatives about me, may be shared with addictions treatment agencies for the purpose of finding housing and/or addictions treatment services for me.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_