



## 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. It is expected that this form will be signed and submitted after the accused is accepted into the program.*

1. I, \_\_\_\_\_ understand that I am charged with: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ on Information(s) \_\_\_\_\_  
\_\_\_\_\_
2. 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.
3. I do not want a trial. I will give up my right to plead not guilty.
4. 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).
5. 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.
6. 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 (which is made up of Crown Prosecutor(s), Duty Counsel, the Judge(s), Probation, Police Representatives, and Treatment Representatives (herein the "Team")).

7. 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 but are not limited to, some or all of the following:
  - Making weekly Court appearances,
  - Attending regularly for counseling and medical care as directed by the Court and my treatment provider,
  - Undergoing random drug testing,
  - Participating in any additional or ongoing medical, psychological and addictions assessments as may be directed,
  - Abiding by curfew restrictions, and/or
  - Abiding by house arrest conditions.
  
8. I further understand that while in the program I am expected to do all of the following and that failure to do so may be considered grounds for dismissal from the Program.
  - 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 the Drug Treatment Court will decide if and when I have successfully completed the Program, but in general I understand that the following will have to occur in order for me to graduate:
  - Plead guilty to the offence(s);
  - A minimum of 6 months drug free during my time in the Program including a minimum period of 3 months drug-free immediately preceding graduation;
  - Complete all treatment requirements, including treatment for drug addiction;
  - Demonstrate an acceptable level of compliance with the conditions of my judicial interim release (bail) and the other expectations of the program;
  - Have employment, or be involved in educational or vocational training, volunteer work, or other approved activity in the community;
  - Have an approved residence in the community;
  - Have an approved ongoing support system in the community.
  
10. I understand that I may apply to the Court to change my bail conditions.

12. I understand that if I do not comply with the conditions of my bail release, or the other expectations of the program placed upon me, 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.
13. I understand that the types of sanctions the Court may impose while I am in the Program may include:
- House arrest
  - Community service work
  - Extension of the number of months that I must spend in the Program
  - A change in the frequency or nature of my court appearances
  - A short period of time in custody
  - Other reasonable sanctions.
14. 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.
15. 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.
16. I understand that, while I am participating in the Program, members of the Drug Treatment Court Treatment Team may receive information from, and share information with, Calgary Remand Centre, Alberta Works, detox centres, as well as residential addiction treatment agencies and housing providers where I reside. Information exchanged will include information regarding my needs, progress, behaviours, and overall functioning, and related decisions regarding my treatment. I specifically consent to this sharing of information about me.
17. I understand that, while I am participating in the Program, my case will be discussed and my personal information will be shared among the Calgary Drug Treatment Court Team members 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.
18. I understand that the Drug Treatment Court Team members work collaboratively during my involvement in DTC to determine the most effective interventions to ensure my progress through the DTC program while still maintaining public safety. Accordingly I consent to the sharing of my

personal information, history, criminal charges and convictions, progress and behaviour among the members of the Team for this purpose.

I further understand that information required by law to be reported to authorities, will be reported.

I further understand that any information related to my alleged participation in any new offences committed after the offences for which I have been admitted into the DTC program may be shared with a team member or members, including police.

19. I understand that, at any time within the first 30 days following the entry of my guilty plea, I can appear in court before the Drug Treatment Court Judge and ask that my guilty pleas be struck, and the Crown will consent to that application. At that time the Drug Treatment Court bail order will be cancelled. I may be returned to custody and a new bail hearing will be conducted in the regular court system. Should these matters return to the regular court system, everything I have said or done during my participation in the program will be kept confidential and will not be used against me in these proceedings.
20. 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.
21. 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.
22. I understand and agree 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 and this waiver.

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

**APPLICANT:**

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

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

**DEFENCE/DUTY COUNSEL:**

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

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