



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 understand that I must plead guilty to some or all of the offences(s) in order to participate in Drug Treatment Court. I have spoken to a lawyer and received legal advice about the consequences of a guilty plea and the collateral consequences that may result from a conviction of a criminal offences(s), including any potential *immigration consequences*.
5. I choose to apply for a drug treatment court program (herein the "Program") approved by the Provincial Court of Alberta and remain under the supervision of the Calgary Drug Treatment Court Team.
6. The Drug Treatment Court Team consists of the Crown Prosecutor(s), Duty Counsel, the Judge(s), Probation, Police Representatives, Alberta Works, and Treatment Representatives (herein the "Team").

7. I understand that I must qualify for, and be accepted into, the Program by the Crown Prosecutor(s) AND Treatment Representatives.

I consent to participate in a screening and intake assessment conducted by Treatment Representatives. I understand that information I provide during this screening process may be shared with the following groups at the discretion of the CEO or designate:

- The Drug Treatment Court Team so that the information provided can be used by the Team to determine my eligibility for the program; and
- 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 for the purposes of screening and assessment the Treatment Team may communicate with me through email, phone, text, or face to face.

9. I understand that information I provide during the screening process will not be used in court as evidence against me in any proceeding, unless required by law i.e. if information I provide suggests that there is an imminent risk to the health or safety of an identifiable individual or group, or if sharing information I provide would prevent or reduce risk of imminent harm to a child, such as the risk for child abuse.

10. I understand that when I apply to the Program, my application and personal information will be shared and discussed among the Calgary Drug Treatment Court Team members in order 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.

11. 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.

12. If I am NOT accepted into the Program, my case will return to the regular court system.

12. 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 should this information be shared in reports, it 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.