



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 #: _____

Housing: Prior to 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 _____	Employment: <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:

Background

Which of the following backgrounds best describes you? Please select all that apply.		
<input type="checkbox"/> Indigenous (If Inuit, Metis, First Nations) <input type="checkbox"/> African/Caribbean <input type="checkbox"/> East/Southeast Asian	<input type="checkbox"/> Latin American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> South Asian <input type="checkbox"/> Caucasian/European	<input type="checkbox"/> Other: please specify _____ <input type="checkbox"/> Do not know <input type="checkbox"/> Prefer not to answer

Current Charges:

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:
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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?

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:

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)

