



Calgary Drug Treatment Court

CELL PHONE REQUEST

Please print and fax to 403-476-4701 or email a copy to your case manager.

Claudia: claudiam@calgarydrugtreatmentcourt.org

Peter: peters@calgarydrugtreatmentcourt.org

Surinder: surinderb@calgarydrugtreatmentcourt.org

Note: All personal information is held securely in accordance with FOIP legislation.

Participant Information

Date:	
Name:	
Current Address:	

Cell Phone Request

Purpose for Phone:	
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Budget Information

Income:	Expenses:

"I understand and agree to have a cellular phone for which I receive monthly statements in my name. My monthly statement must include a list of all ingoing and outgoing calls. I will provide the probation officer or designate with my monthly cellular telephone billing statement immediately upon demand."

I also agree to the following:

1. I will secure a new phone number and permanently dissolve my old number.
2. If re-utilizing an existing cell phone, I will erase the address book and all contact files/retrieval paths immediately.
3. I will immediately present my cell phone for periodic content review to my CDTC Case Manager upon request to do so.

Signature of Participant

Office to complete	
Received by:	Date Received:
Date Reviewed by Pre-Court Team:	Approved by Pre-Court Team Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	