



Calgary Drug Treatment Court

Application Package

This package includes:

- Program Application Form
- Waiver and Consent Part I
- Waiver and Consent Part II

Step 1: Crown Eligibility Review

A. Complete the following documents with the assistance of Defence Counsel:

- i. Program Application Form
- ii. Waiver and Consent Part I

B. Send the completed forms to the prosecuting agency for review.

Public Prosecution Service of Canada	Alberta Crown Prosecution Service
Janna Watts By fax: 403-299-3966, or By email: Janna.Watts@ppsc-sppc.gc.ca	Jacqueline Abbott By fax: 403-297-4311 By email: Jacqueline.Abbott@gov.ab.ca (cc to: jsg.acps-dtccalgary@gov.ab.ca)

Step 2: Treatment Eligibility Review

If the application meets Crown eligibility criteria, the applicant will be assessed by a member of the CDTC Treatment Team for treatment eligibility including the presence of a Substance-Use-Disorder.

Acceptance and Admission

If the application is accepted, Defence Counsel will be notified by the CDTC Crown Prosecutor. The Applicant will be required to sign Waiver and Consent Part II (see attached) in court as part of admission to the CDTC program.

**ALBERTA DRUG TREATMENT COURTS
APPLICATION FORM**

Legal Name (First, Middle, Last):	Date of Birth (Month/Day/Year):
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary	Preferred Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
How did you hear about the program? Check all that apply. <input type="checkbox"/> Friend/Family <input type="checkbox"/> Lawyer <input type="checkbox"/> Remand <input type="checkbox"/> Police <input type="checkbox"/> Probation <input type="checkbox"/> Online <input type="checkbox"/> Poster <input type="checkbox"/> Other _____	

Contact Information:

Are you currently in custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____
If no, please tell us where we can reach you:
Address: _____
Email: _____ Phone #: _____
Name of Defence Counsel: _____ Direct Phone/Email of Defence Counsel: _____

Background:

Which of the following backgrounds describes you best? 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 and Prior Convictions:

Please describe your current charges:	
Are you currently on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Probation Officer:
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:	

Do you have any convictions that involve violence? As best you can, tell us what happened. What was the situation, who was involved, and what you did?

Immigration Status:

Are you a Canadian citizen? Yes No **If no, what is your legal status in Canada?** _____

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"/> GHB		
<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Other (specify) _____		

Health:

Do you have any health or mental health concerns that you might need help with? Please describe:

Are you taking any medications? Please list them:

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 screening process may result in a decision not to accept you into the program.

Signed at _____, 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 Calgary Drug Treatment Court (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 Calgary 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:

- a. The Drug Treatment Court Team so that the information provided can be used by the Team to determine my eligibility for the program; and
 - b. 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.
13. I understand and agree that:
 - a. 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;
 - b. in accordance with CDTC funding requirements, CDTC will share my individual information with the Government of Alberta, Department of Justice and Solicitor General;
 - c. all information publicly reported 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: _____
(Printed)

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. 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. 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. 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 (which is made up of Crown Prosecutor(s), Duty Counsel, the Judge(s), Probation, Police Representatives, and Treatment Representatives (herein the "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 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.
9. 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.
10. 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.
11. 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 occasions may arise during my participation in the program where, for therapeutic or safety reasons relating to myself or others, the Treatment Team or my lawyer will not be able to provide me with certain specific information connected to my participation in the program.
- However, subject to the foregoing, sufficient information will always be provided to allow me to respond to the issues that may arise in an informed manner.

19. I understand that for both therapeutic and safety reasons, information provided to me by members of the pre-court team will reflect the overall discussion and positions of the Calgary Drug Treatment Court Team and will not include specific attribution of comments or position to any Calgary Drug Treatment Court Team member, participant or other person.
20. 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.
21. 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.
22. 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.
23. I understand that throughout my time in the program, the Treatment Team may communicate with me through email, phone, text, or face to face.
24. 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.
25. 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 support case management activities, evaluate the program, and learn about best practices;
 - in accordance with CDTC funding requirements, CDTC will share your individual information with the Government of Alberta, Department of Justice and Solicitor General;
 - all information publicly reported 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:** _____
(Printed)

Address: _____ **Telephone:** _____