

**BRAMPTON DRUG TREATMENT COURT
CROWN QUESTIONNAIRE AND APPLICATION**

The Brampton Drug Treatment Court Program Application consists of two parts. This form and the Drug Treatment Court Program Waiver. Both parts must be provided. The information provided in this form is intended to assist the Brampton Drug Treatment Court Crown and will not be used for prosecution purposes.

If there are both *Criminal Code* and *Controlled Drugs and Substances Act* charges, a copy of this form must be filed with both the Crown Attorney's office and the Public Prosecution Service of Canada.

NAME: _____

DOB: _____ Citizenship: _____

Health Card?: Yes / No Immigration Status: _____

First Language: _____ Interpreter Required?: Yes / No

Housing Available?: Yes / No Type of Housing?: Permanent / Temp / Shelter

Criminal Record?: Yes / No Offenses of Violence on Record?: Yes / No

Under Probation Supervision?: Yes / No Jurisdiction: _____

In Custody?: Yes / No Immigration Hold?: Yes / No

If Violence on Record, Circumstances of Offences: _____

Brampton Charges: _____

Charges in Other Jurisdictions: _____

Substance(s) Used: _____

Date of Last Use: _____

Past Efforts to Control Addiction: _____

Additional Factors to be Considered: _____

Next Court Date: _____

I understand that providing false or misleading information in either this form or the Drug Treatment Court Waiver may lead to my expulsion from the program. I further understand that this form will be shared with both SHIP (Services & Housing in the Province) and PAARC (the Peel Addictions Assessment & Referral Centre) to assist in assessing my application to the Brampton Drug Treatment Court Program and to assist in providing me services while in the Brampton Drug Treatment Court Program.

I have completed this form with the assistance of an Interpreter?: Yes / No

I have completed this form with the assistance of counsel?: Yes / No

I have completed the Drug Treatment Court Waiver: Yes / No

DATE SIGNATURE LAWYER'S SIGNATURE

LAWYER'S CONTACT INFORMATION:

NAME: _____
ADDRESS: _____

Telephone: _____
Email: _____

FINAL CROWN DECISION (To Be Completed by the Reviewing Crown)

Does the Applicant satisfy the eligibility requirements?: Yes / No

Reason(s) for denial (Circle One):

Seriousness of Offence Violent/Firearm Offences Criminal Record

History of Non-Compliance with Court Orders Sexual Offences

Offenses Against Children

Crown

Conditions: _____

DATE

CROWN SIGNATURE

Submit to:

Jennifer Graham or Natasha Engineer
Assistant Crown Attorneys
Crown Attorney's Office
506-7755 Hurontario St.
Brampton, Ontario L6W 4T6
Phone: 905-456-4777
Fax: 905-456-4780

And to:

Natalie Hurst
Legal Assistant
Public Prosecution Service of Canada
7685 Hurontario St.
Brampton, Ontario L6W 0B4
Phone: 905-454-2424
Fax: 905-454-2168