

District: _____
Locality: _____
Police force: _____
File No.: _____

Court of Québec addiction treatment program (CQATP)

Statistical code: _____

HER MAJESTY THE QUEEN

Prosecutor/Respondent

v.

_____ D.O.B.: _____

Accused/Petitioner

**APPLICATION FOR CONSENT TO PARTICIPATE IN THE
COURT OF QUÉBEC ADDICTION TREATMENT PROGRAM (CQATP)**

I, _____, domiciled at _____
_____, ask the prosecutor/respondent to consent to my participation in the
Court of Québec addiction treatment program (CQATP), in relation to the cases mentioned in heading:

- I have a judicial file, a copy of which was given to me on disclosure of the evidence.
- I have a pending case, including, where applicable, offences before a municipal court and I request the transfer of the following files to the Court of Québec, Criminal and Penal Division, District of _____.

<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____

<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____
<input type="checkbox"/>	_____	-	-	_____

- An arrest warrant has been issued against me.
- I do not know whether an arrest warrant has been issued against me.
- I am under court supervision (including probation follow-up/conditional sentence order):

_____	-	-	_____
_____	-	-	_____
_____	-	-	_____

_____	-	-	_____
_____	-	-	_____
_____	-	-	_____

- with follow-up
- with community work

Name and contact information of supervision officer: _____

- I am a Canadian citizen.
- I am a permanent resident.
- I am waiting for the Canada Border Services Agency to rule on my status.
- I am waiting for approval of my application for Canadian citizenship.
- Other: _____

I admit the facts described in the police report.

I do not admit the following facts (*indicate the concerned file No.*):

I consent to the disclosure to the prosecutor/respondent of the information gathered by the certified addiction treatment resources during my assessment.

I declare that I have received and clearly understood the information concerning the CQATP, and waive my right to trial so that I can participate in the CQATP.

Accused/Petitioner: _____

Attorney for the accused/petitioner (or witness): _____

At _____, on _____

Accused/Petitioner

CONSENT

I consent to the accused/petitioner's participation in the Court's addiction treatment program and authorize him/her to apply to the Court.

I do not allow the accused/petitioner to apply to the Court, and I refuse to have him/her participate in the program.

At _____, on _____

Prosecutor/Respondent