

District: \_\_\_\_\_  
Locality: \_\_\_\_\_  
Police force: \_\_\_\_\_  
File No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Court of Québec addiction treatment program (CQATP)**

Statistical code: \_\_\_\_\_

**HER MAJESTY THE QUEEN**

Prosecutor/Defendant

v.

\_\_\_\_\_ D.O.B.: \_\_\_\_\_

Accused/Applicant

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

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I, \_\_\_\_\_, domiciled at \_\_\_\_\_  
\_\_\_\_\_, ask the prosecutor/defendant 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"/>	-	-	-
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<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/defendant 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/Applicant: \_\_\_\_\_

Attorney for the accused/applicant (or witness): \_\_\_\_\_

At \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Accused/Applicant

### CONSENT

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

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

At \_\_\_\_\_, on \_\_\_\_\_

\_\_\_\_\_  
Prosecutor/Defendant