

CANADA  
PROVINCE OF QUÉBEC  
District: Abitibi  
Locality: Puvirnituq

**COURT OF QUÉBEC**  
(Criminal and Penal Division)

**Nunavik Wellness Court - Court of  
Québec addiction treatment program  
(CQATP)**

**(NITSIQ)**

Police force: Kativik Regional Police Force  
File No(s).

640-01-\_\_\_\_\_  
640-01-\_\_\_\_\_  
640-01-\_\_\_\_\_  
640-01-\_\_\_\_\_  
640-01-\_\_\_\_\_

Statistical code:

**HER MAJESTY THE QUEEN**  
(Prosecutor/Respondent)

v.

\_\_\_\_\_ D.O.B.: \_\_\_\_\_  
(Accused/Applicant)

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

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I \_\_\_\_\_ (last name, first name),  
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  
the heading.

- I have a criminal record, 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 Abitibi:

XXX-01-\_\_\_\_\_ - \_\_\_\_\_      XXX-01-\_\_\_\_\_ - \_\_\_\_\_      XXX-01-\_\_\_\_\_ - \_\_\_\_\_  
-01-\_\_\_\_\_ - \_\_\_\_\_      -01-\_\_\_\_\_ - \_\_\_\_\_      -01-\_\_\_\_\_ - \_\_\_\_\_  
-01-\_\_\_\_\_ - \_\_\_\_\_      -01-\_\_\_\_\_ - \_\_\_\_\_      -01-\_\_\_\_\_ - \_\_\_\_\_

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

\_\_\_\_-01-\_\_\_\_\_ - \_\_\_\_\_      \_\_\_\_01\_\_\_\_\_      \_\_\_\_01\_\_\_\_\_

- with follow-up       with community work

Name and contact information of supervisor: \_\_\_\_\_

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 waive my right to a trial so that I can participate in the CQATP.

I waive the right to claim a delay in sentencing attributable to the treatment for my abuse or dependence problem.

I declare that I have received and clearly understood the information concerning the CQATP.

\_\_\_\_\_  
(*Accused/Applicant*)

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

\_\_\_\_\_  
(*Counsel for the accused/applicant (or witness)*)

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

**Section reserved for the prosecutor/respondent**

I consent to the accused/applicant's participation in the CQATP and authorize him/her to apply to the court.

I do not consent to the accused/applicant's participation in the CQATP.

\_\_\_\_\_  
(*Prosecutor/Respondent*)

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