

**COURT OF QUEBEC ADDICTION TREATMENT PROGRAM  
(CQATP)**

**Request to participate in the program**

Name of the offender : \_\_\_\_\_

File numbers : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Canadian citizen : Yes \_\_\_ No \_\_\_
- The explanations regarding the program were given to me by :  
\_\_\_\_\_ and they were understood : Yes \_\_\_ No \_\_\_
- I accept that the sentence will be postponed in accordance with article 720(2) of the Criminal Code.
- I am aware that sanctions may be imposed if I do not comply with the conditions of the program.
- I request to participate in the program.

In Montreal, on \_\_\_\_\_

\_\_\_\_\_  
Offender