

SERVICE REQUEST CQATP
Court of Quebec addiction treatment program

TO BE COMPLETED BY DEFENSE ATTORNEY

Date of request: _____

Applicant: _____

Date of birth: _____

File number: 500-01- _____

Defense attorney: _____

Phone number: _____

TO BE COMPLETED BY CIUSSS (DOLLARD-CORMIER)

- | | |
|--|--|
| <input type="checkbox"/> Completed IGT evaluation | <input type="checkbox"/> Non-produced IGT evaluation |
| <input type="checkbox"/> Applicant recommended | <input type="checkbox"/> Detained applicant |
| <input type="checkbox"/> Applicant non-recommended | <input type="checkbox"/> Non-detained applicant |

Commentaries: _____

Conseleur's signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT

- I accept the evaluation
- I accept the orientation
- I accept the exchange of information between the CQATP partners

Applicant's signature: _____ Date: _____

Centre intégré
universitaire de santé
et de services sociaux
du Centre-Sud-
de-l'Île-de-Montréal

Québec 

