

**BRAMPTON DRUG TREATMENT COURT  
CROWN QUESTIONNAIRE AND APPLICATION**

The Brampton Drug Treatment Court Program Application consists of two parts. This form and the Drug Treatment Court Program Waiver. Both parts must be provided. The information provided in this form is intended to assist the Brampton Drug Treatment Court Crown and will not be used for prosecution purposes.

If there are both *Criminal Code* and *Controlled Drugs and Substances Act* charges, a copy of this form must be filed with both the Crown Attorney's office and the Public Prosecution Service of Canada.

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Health Card?: Yes / No Immigration Status: \_\_\_\_\_

First Language: \_\_\_\_\_ Interpreter Required?: Yes / No

Housing Available?: Yes / No Type of Housing?: Permanent / Temp / Shelter

Criminal Record?: Yes / No Offenses of Violence on Record?: Yes / No

Under Probation Supervision?: Yes / No Jurisdiction: \_\_\_\_\_

In Custody?: Yes / No Immigration Hold?: Yes / No

If Violence on Record, Circumstances of Offences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brampton Charges: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Charges in Other Jurisdictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substance(s) Used: \_\_\_\_\_

Date of Last Use: \_\_\_\_\_

Past Efforts to Control Addiction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Factors to be Considered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Court Date: \_\_\_\_\_

I understand that providing false or misleading information in either this form or the Drug Treatment Court Waiver may lead to my expulsion from the program. I further understand that this form will be shared with both St. Leonard's Place Peel and PAARC (the Peel Addictions Assessment & Referral Centre) to assist in assessing my application to the Brampton Drug Treatment Court Program and to assist in providing me services while in the Brampton Drug Treatment Court Program.

I have completed this form with the assistance of an Interpreter?: Yes / No

I have completed this form with the assistance of counsel?: Yes / No

I have completed the Drug Treatment Court Waiver: Yes / No

\_\_\_\_\_  
DATE SIGNATURE LAWYER'S SIGNATURE

LAWYER'S CONTACT INFORMATION:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**FINAL CROWN DECISION (To Be Completed by the Reviewing Crown)**

Does the Applicant satisfy the eligibility requirements?: Yes / No

Reason(s) for denial (Circle One):

Seriousness of Offence Violent/Firearm Offences Criminal Record

History of Non-Compliance with Court Orders Sexual Offences

Offenses Against Children

Crown

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CROWN SIGNATURE

Submit to:

Jennifer Graham or Natasha Engineer  
Assistant Crown Attorneys  
Crown Attorney's Office  
506-7755 Hurontario St.  
Brampton, Ontario L6W 4T6  
Phone: 905-456-4777  
Fax: 905-456-4780

And to:

Natalie Hurst  
Legal Assistant  
Public Prosecution Service of Canada  
7685 Hurontario St.  
Brampton, Ontario L6W 0B4  
Phone: 905-454-2424  
Fax: 905-454-2168