

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTCC) APPLICATION PACKAGE

This package includes:

- Program Application Form
- Waiver and Consent - Part 1 Form
- Consent to Share Health and Other Information Form
- Waiver and Consent - Part 2 Form
- Termination Policy Acceptance Form
- Termination Policy

Step 1: Crown Eligibility Review and Police Screening

NOTE TO DEFENCE COUNSEL OR DUTY COUNSEL: **YOU MUST, BEFORE SUBMITTING THIS APPLICATION FORM,** OBTAIN THE WRITTEN APPROVAL OF THE CROWN'S OFFICE HAVING CARRIAGE OF ALBERTA CHARGES ARISING OUTSIDE OF THE JUDICIAL DISTRICT OF GRANDE PRAIRIE TO WAIVE THE CHARGES TO GPDTCC IF THE APPLICANT IS ACCEPTED.

To apply to Grande Prairie Drug Treatment Court (GPDTCC), the Applicant must:

1. Complete the following forms with the assistance of Defence Counsel or Duty Counsel:
 - a. Program Application Form ***and***
 - b. Waiver and Consent – Part 1 Form
2. Forward those completed forms to AlbertaDrug_TreatmentCourt@ppsc-sppc.gc.ca for Crown Eligibility Review and Police Screening.

****** Both forms must be received and fully complete to initiate the application process. ******

Step 2: Treatment Team Screening

If the Applicant passes the Crown Eligibility Review and Police Screening, the Consent to Share Health and Other Information Form must be forwarded to the email address noted above so that the GPDTCC Treatment Team can conduct its screening.

Step 3: Acceptance

If the Applicant passes the GPDTCC Treatment Team's screening, the Waiver and Consent – Part 2 Form and Termination Policy Acceptance Form with Termination Policy attached must be completed with the assistance of Defence Counsel or Duty Counsel and forwarded to the email address noted above.

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

**GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTTC)
PROGRAM APPLICATION FORM**

This form must be completed and submitted to the Crown together with the GPDTTC Waiver and Consent – Part 1 Form to apply to the GPDTTC Program (“the Program”).

Please note:

1. *The information provided in this form will help in assessing whether you are eligible for the Program and will not be used for prosecution purposes if you are not approved for the Program.*
2. *False or misleading information provided on this form or during any phase of the GPDTTC application process may result in a decision not to accept you into, or terminate you from, the Program.*
3. *Your attendance at GPDTTC is encouraged while a decision is pending on your application so that you become familiar with the Court process. Such attendance will be tracked to assess your motivation to participate in the Program.*
4. *If you are accepted into the Program, you will be required to move to the Grande Prairie area until completion of the Program although you may be sent temporarily to in-patient treatment elsewhere.*

Counsel Information	
Name: _____ Email: _____ Phone Number: _____	<input type="checkbox"/> Defence Counsel <input type="checkbox"/> Duty Counsel

Applicant Information	
Applicant’s Legal Name (First, Middle, Last): _____ Preferred Name: _____	
Age: _____ Date of Birth (Day/Month/Year): _____	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Prefer not to answer
Are you currently in custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____	

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Background

Which of the following backgrounds best describes you? Please select all that apply.

- Indigenous (Inuit, Métis, First Nations)
- Caucasian/European
- African/Caribbean
- East/Southeast Asian
- Latin American
- Middle Eastern
- South Asian
- Other (please specify:) _____
- Do not know
- Prefer not to answer

Are you a Canadian citizen? Yes No

If no, what is your legal status in Canada? _____

Do you have any outstanding immigration/refugee issues? Yes No

Please explain: (Attach sheet if necessary.)

Education/Employment

What is the highest level of education you have completed? _____

Are you presently employed? Yes No

If yes, where? _____ Job title: _____ For how long? _____

How many jobs have you had in the past 12 months? _____

What is the longest continuous period of time you worked in the past 12 months? _____

Are you receiving income through Alberta Supports (formerly Alberta Works)? Yes No

Do you owe any street debts or other debts? Yes No

If yes, how much? \$ _____ Owed to whom? _____

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Housing
<p>Now, or prior to arrest/going into custody, where did you reside?</p> <p><input type="checkbox"/> On the street</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Residential Treatment</p> <p><input type="checkbox"/> Supported/Transitional housing</p> <p><input type="checkbox"/> With family/friends (Who? Please indicate relationship/connection): _____</p> <p><input type="checkbox"/> My own rented or owned apartment/house</p> <p><input type="checkbox"/> Other (Please describe.) _____</p> <p>How many places have you lived in the past 12 months? _____</p>

Supports
<p>Family (please provide names and relationship, including an Intimate Partner Relationship, and their location):</p>
<p>Friends (please provide names, any description [e.g. pastor] and their location): (Attach sheet if necessary.)</p>

Dependents
<p>Child/ren (please provide full names and DOB):</p> <p>With whom do the child/ren reside? _____</p> <p>Is there Child Welfare involvement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Health
<p>Do you have any physical health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain, and whether you have received any formal diagnoses and when. (Attach sheet if necessary.)</p> <p>Do you have any mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain, and whether you have received any formal diagnoses and when. (Attach sheet if necessary.)</p> <p>Are you on any medications (prescribed or non-prescribed) or supplements? Please specify name, purpose, and dosage. (Attach sheet if necessary.)</p> <p>Have you been regularly taking prescribed medications? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain why not.</p> <p>Are you on medically-assisted treatment for your addiction (i.e. Methadone or Suboxone)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what is your current dose? _____</p>

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Drug Use		
Do you have a drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long? _____		
<i>Drug(s) of Choice</i>	<i>When did you last use?</i>	<i>How much?</i>
<input type="checkbox"/> Alcohol		
<input type="checkbox"/> Cocaine or Crack Cocaine		
<input type="checkbox"/> Fentanyl		
<input type="checkbox"/> Heroin		
<input type="checkbox"/> Marijuana/cannabis		
<input type="checkbox"/> Methamphetamine		
<input type="checkbox"/> Prescription drugs (please list name & mg if known) (Attach sheet if necessary.)		
<input type="checkbox"/> Other (specify: _____)		
Do you have any other addictions (not just to substances)?		
<input type="checkbox"/> Yes (specify: _____)		
<input type="checkbox"/> No		

Treatment History
Have you taken steps in the past to get help with your addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what have you tried and when?
How long did you stay clean afterwards?
If no, why haven't you tried to get help with your addiction?

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Criminal Charges

Do you currently have outstanding charges in Alberta? Yes No
 If yes, please provide the following information. (Attach sheet if necessary.)

<i>Information No. (if known)</i>	<i>Offence Date</i>	<i>Offence Location</i>	<i>Charge</i>

Was anyone else charged as a result of the same incident(s)? If yes, please provide names and indicate if those people are related or connected to you. (Attach sheet if necessary.)

Has Defence Counsel or Duty Counsel obtained the written approval of the Crown’s office having carriage of Alberta charges arising outside of the Judicial District of Grande Prairie to waive the charges to GPDTC if you are accepted?
 Yes No

Do you currently have charges, warrants, or “pay-or-stay” tickets outside of Alberta? Yes No
 If yes, please provide the following information:

<i>Offence Date</i>	<i>Offence Location</i>	<i>Charge</i>

Are you prepared to waive your charges from other areas to GPDTC (“waiving” means pleading guilty and there will be no trial)? Yes No

If no, please explain:

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Do you have any past or present connection with organized crime or any gang? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are you currently on parole, a Conditional Sentence Order (CSO), or Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Sentence Supervisor or Probation Officer and location:

Criminal Record		
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the following information. (Attach sheet if necessary.)		
Conviction Date	Offence Location	Offence
For any convictions on your criminal record that involved firearms, violence, or sexual matters, tell us what happened. What was the situation and what did you do? What connection did other people involved have to you? (Attach sheet if necessary.)		

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General
<p>How did you hear about GPDTC? (Select all that apply.)</p> <p><input type="checkbox"/> Duty Counsel (name: _____)</p> <p><input type="checkbox"/> Other Lawyer (name: _____)</p> <p><input type="checkbox"/> Probation Officer (name: _____)</p> <p><input type="checkbox"/> Case Worker (name: _____) With what agency/organization? _____</p> <p><input type="checkbox"/> Crown's Early Case Resolution Offer (ECRO)</p> <p><input type="checkbox"/> Promotional Video</p> <p><input type="checkbox"/> Poster</p> <p><input type="checkbox"/> Brochure</p> <p><input type="checkbox"/> Other: _____</p>
<p>Do you know anyone else who is applying to or is already in the GPDTC or other DTC in Alberta? If yes, please provide their name(s) and how you know that person(s).</p>
<p>How will you benefit by participating in GPDTC? (Attach sheet if necessary.)</p>
<p>Is there anything else you would like us to know that will help us to understand and help you better? (Attach sheet if necessary.)</p>

Signatures	
<p>Signature of Applicant:</p> <p>_____</p>	<p>Signature of Counsel:</p> <p>_____</p>
<p>Printed name of Applicant:</p> <p>_____</p>	<p>Printed name of Counsel:</p> <p>_____</p>
<p>Date: _____</p>	<p>Defence Counsel <input type="checkbox"/> Duty Counsel <input type="checkbox"/></p> <p>Date: _____</p>

Please forward this completed form together with Waiver and Consent – Part 1 Form to AlbertaDrug_TreatmentCourt@ppsc-sppc.gc.ca.

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

**GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTC)
WAIVER AND CONSENT – PART 1 FORM**

This form must be completed and submitted to the Crown together with the GPDTC Application Form.

False or misleading information provided on this form or during any phase of the GPDTC application process may result in a decision not to accept you into, or terminate you from, GPDTC.

1. I, _____, am applying for admission to the Grande Prairie Drug Treatment Court (GPDTC) Program (“the Program”), which is an integrated justice and treatment program.
2. I understand that I must qualify for, and be accepted into, the Program.
3. I am charged with the offences listed in my accompanying Program Application Form.
4. I understand that to be admitted to the Program, I must plead guilty to some or all my outstanding offences(s), which may include criminal charges not noted in my Program Application Form. I am prepared to plead guilty as required and give up my right to plead “not guilty,” which means there will not be a trial.
5. I have reviewed the Crown disclosure for my charges containing a summary of the evidence against me. I have spoken to a lawyer and received legal advice about:
 - a. my charge(s) including whether there are any defences to the charge(s) or any weaknesses in the evidence against me; and
 - b. the consequences of a guilty plea, including any potential *immigration, travel and employment consequences*.
6. If I plead guilty to my offences, I consent to my sentencing being delayed until I complete or am terminated from the Program.
7. Upon completion of the Program and graduating, I understand that I will be sentenced to 1 year probation in Court.
8. I understand that to be considered for acceptance into the Program, I must, and do agree to:
 - a. waive my right under section 11(b) of the *Canadian Charter of Rights and Freedoms* to be tried within a reasonable time until my application to GPDTC is either approved or rejected;
 - b. provide information about my background, including my history of drug use;
 - c. participate in screening conducted by the Treatment Team; and
 - d. possibly submit to medical, psychological, and/or addictions assessments.
9. I understand that if I am NOT accepted into the Program, my charges will have to be dealt with in the regular Court system.

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10. I understand that the GPDTC Team includes GPDTC Justices, Crown Prosecutors (federal and provincial), Duty Counsel, Police Representative(s), and the Treatment Team.
11. I understand that the Treatment Team at this time includes two probation officers and staff from the GPDTC community service provider (the John Howard Society [JHS] of Grande Prairie), including the JHS Assistant Executive Director, Program Manager, Case Manager, and Life Skills & Recovery Coach.
12. I understand that if I am admitted to the Program, I will be afforded treatment for drug addiction, will be provided with a wide range of services based on my specific needs, and will be closely monitored by the Court. I wish to use this opportunity to overcome my drug problem and return to a productive life in the community.
13. I understand that in general, the Program is from 12 to 24 months in duration but that the precise length of the Program will depend upon my individual needs and progress. I understand that the Program has 5 phases with multiple requirements.
14. I understand that if I am admitted to the Program, I will be expected to move to the Grande Prairie area for the duration of the Program although I may be sent temporarily to in-patient treatment elsewhere.
15. I understand that if I am admitted to the Program, an individualized Treatment Plan will be developed for me that will outline my treatment, ongoing support, and reintegration into the community.
16. I understand that when I make regular Court appearances during the Program, the justice (i.e. the judge) will administer a system of graduated (i.e. increasing) rewards and sanctions to increase positive and reduce negative behaviors on my part.
17. I understand that if I am accepted into the Program, I will have to submit to random drug testing for various substances as this is a reliable way to monitor relapses and ensure my accountability.
18. I understand that if I am accepted into the Program, a temporary "No Contact" condition may be placed upon me with respect to certain people, even my intimate partner or family members, so that I can focus on my recovery.
19. I agree to the Treatment Team communicating with me via phone, text, email, and face-to-face.
20. I understand that the fact that I have applied to GPDTC and other information I provide during the screening process may be shared with the following parties, and I consent to same:
 - a. The GPDTC Team to determine my eligibility for the Program.

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- b. Residential addictions treatment and/or housing agencies to obtain suitable treatment or housing.
 - c. Medical personnel to undertake further assessment, including psychological.
21. I understand that information I provide during the screening process will not be used in Court as evidence against me in any proceeding unless required by law (e.g., if information I provide suggests that there is an imminent risk to the health or safety of an identifiable individual or group, or if sharing information I provide would prevent or reduce risk of harm to a child). I further understand that information required by law to be reported to authorities, will be reported.
22. If I am accepted into GPDTC, I understand that I will be required to follow all Program rules and directions given by the GPDTC Justices, Treatment Team, JHS staff, JHS contractors, JHS volunteers, and staff at its partner agencies and residential treatment centres.
23. If I am accepted into GPDTC, I understand that I will be required to actively and genuinely engage in all assessment, counselling, and treatment as directed by the Treatment Team.
24. If I am accepted into GPDTC, I understand that I must abide by:
- a. My GPDTC Release Order.
 - b. The rules in the Program Participant Manual.
 - c. The Program Phase Requirements Forms I will be expected to sign.

I have read and understood this form. I agree to all the terms herein, am willing to accept the rules of the GPDTC Program, and confirm that I am voluntarily applying to the Program.

Signatures	
<p>Signature of Applicant:</p> <p>_____</p> <p>Printed name of Applicant:</p> <p>_____</p> <p>Date: _____</p>	<p>Signature of Counsel:</p> <p>_____</p> <p>Printed name of Counsel:</p> <p>_____</p> <p>Defence Counsel <input type="checkbox"/> Duty Counsel <input type="checkbox"/></p> <p>Date: _____</p>

Please forward this completed form together with Program Application Form to AlbertaDrug_TreatmentCourt@ppsc-sppc.gc.ca.

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

**GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTCC)
CONSENT TO SHARE HEALTH AND OTHER INFORMATION FORM**

*To be completed after the Applicant passes the Crown Eligibility Review and Police Screening,
and before GPDTCC Treatment Team screening*

To:

John Howard Society of Grande Prairie
10116 - 102 Avenue
Grande Prairie, AB
T8V 1A1
P: 780-882-9508
F: 780-538-4931
dtcs@johnhowardgp.ca

I, _____, born _____, Alberta Health Care No. _____
agree that:

1. my full Alberta Health information, including that regarding my health status, prescribed medications, and vaccinations, and
2. my participation in any programs and/or services provided to me while at a Provincial Correctional Centre

may be shared with the Treatment Team members on the Grande Prairie Drug Treatment Court (GPDTCC) Team.

Signature: _____

Date: _____

Please forward this completed form to AlbertaDrug_TreatmentCourt@ppsc-sppc.gc.ca.

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

**GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTTC)
WAIVER AND CONSENT – PART 2 FORM**

To be completed upon acceptance into the GPDTTC Program.

False or misleading information provided on this form or during any phase of the GPDTTC Program may result in a decision not to proceed further with your acceptance into, or to terminate you from, GPDTTC.

1. I, _____, am aware that I have qualified for and been accepted to the Grande Prairie Drug Treatment Court (GPDTTC) Program (“the Program”), which is an integrated justice and treatment program.
2. I am charged with the offenses listed in my Program Application Form.
3. I understand that to be formally admitted to the Program, I must plead guilty to some or all of my offences(s), which may include criminal charges not noted in my Program Application Form. I am prepared to plead guilty as required. I give up my right to plead “not guilty,” which means there will not be a trial.
4. I have reviewed the Crown disclosure for my outstanding charges containing a summary of the evidence against me. I have spoken to a lawyer and received legal advice about:
 - a. my charge(s) including whether there are any defences to the charge(s) or any weaknesses in the evidence against me; and
 - b. the consequences of a guilty plea, including any potential *immigration, travel and employment consequences*.
5. By choosing to participate in the Program, I agree to waive my right to be sentenced as soon as reasonably possible. I consent to my sentencing being delayed until my completion of, or termination from, the Program.
6. I understand that after I enter guilty pleas, I will be placed on a GPDTTC Release Order with standard conditions similar to all Program Participants.
7. I understand that a temporary “No Contact” condition may be placed upon me with respect to certain people, even my intimate partner or family members, so that I can focus on my recovery.
8. Upon completion of the Program (i.e., graduating), I understand that I will be sentenced to 1 year probation in Court.
9. I understand that if I find the Program is not for me, I can withdraw my guilty pleas in GPDTTC up to and including 8 weeks after the date of entry, thereby withdrawing from the Program.

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10. After the guilty pleas are withdrawn, my charges will return to the regular Court system (to enter “not guilty” or “guilty” pleas) without prejudice. I understand that all matters relating to me that occurred during the period of my participation in the Program are not admissible against me.
11. After withdrawal, I understand that my GPDTC Release Order will be amended to the conditions in place (if applicable) prior to entry of guilty pleas in GPDTC. I realize that I may be returned to custody, and I can apply to vary bail in the regular Court system.
12. Instead of returning my charge(s) to the regular Court system, I understand that I may decide to maintain my original GPDTC guilty pleas but simply be immediately sentenced by a DTC Justice.
13. If more than 8 weeks have passed since I entered guilty pleas in GPDTC, I understand that I may withdraw from the Program by requesting that the GPDTC Justice proceed directly to sentencing.
14. Even if I don’t withdraw, I understand that I may be terminated from the Program due to:
 - a. Absconding from the Program (i.e., going “AWOL”).
 - b. Committing a “Major Program Violation” (e.g. tampering with my drug test).
 - c. Repeated non-compliance with Program rules.
 - d. Treatment options being exhausted.
 - e. Irrevocable breakdown in relationship with the Treatment Team.
15. I understand that the GPDTC Team includes GPDTC Justices, Crown Prosecutors (federal and provincial), Duty Counsel, Police Representative(s), and the Treatment Team.
16. I understand that the Treatment Team at this time includes two probation officers and staff from the GPDTC community service provider (the John Howard Society [JHS] of Grande Prairie), including the JHS Assistant Executive Director, Program Manager, Case Manager, and Life Skills & Recovery Coach.
17. I agree to the Treatment Team communicating with me via phone, text, email, and face-to-face during my participation in the Program.
18. I understand that in the Program, I will be afforded treatment for drug addiction, will be provided with a wide range of services based on my specific needs, and will be closely monitored by the Court. I wish to use this opportunity to overcome my drug problem and return to a productive life in the community.
19. I understand that in general, the Program is from 12 to 24 months in duration but that the precise length of the Program will depend upon my individual needs and progress. I understand that the 5 phases of the Program have multiple requirements and have an average length as noted:
 - a. Phase 1: Acute Stabilization (usually at least 2 months)
 - b. Phase 2: Clinical Stabilization (usually at least 3 months)
 - c. Phase 3: Pro-Social Habilitation (usually at least 3 months)

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- d. Phase 4: Adaptive Habilitation (usually at least 3 months)
 - e. Phase 5: Maintenance to Graduation (a minimum of 1 month)
20. I understand that an individualized Treatment Plan will be developed for me in the Program that will outline my treatment, ongoing support, and reintegration into the community.
21. I understand that when I make regular Court appearances during the Program, the justice (i.e. the judge) will administer a system of graduated (i.e. increasing) rewards and sanctions to increase positive and reduce negative behaviors on my part.
22. I understand that examples of rewards are being given the opportunity in Court to draw from a “Fishbowl” containing gift cards, being presented with Certificates of Achievement, and having certain Program rules relaxed.
23. I understand that examples of sanctions are no “Fishbowl” draw, warnings from the Justice, written assignments or apology letters, community service hours, changes to my Release Order (e.g. stricter curfew), or bail revocation. I understand that pulling me back to an earlier phase of the Program will not be imposed as a sanction.
24. I understand that I will have to undergo mandatory random drug testing for various substances while in the Program as this is a reliable way to monitor relapses and ensure my accountability.
25. I understand that to graduate, I must have:
- a. Negative drug tests for at least 4 consecutive months.
 - b. Minimum of 12 months of substantial participation in the Program.
 - c. Evidence of contribution to the community (minimum of 100 volunteer hours).
 - d. Completion of Phase 5.
 - e. Completion of a Program Graduation Application.
 - f. Completion of Relapse Prevention Plan.
26. I understand that information I provide during the Program will not be used in Court as evidence against me in any proceeding unless required by law (e.g., if information I provide suggests that there is an imminent risk to the health or safety of an identifiable individual or group, or if sharing information I provide would prevent or reduce risk of harm to a child). I further understand that information required by law to be reported to authorities, will be reported.
27. For the term of the Program, I understand that I will be required to actively and genuinely engage in all assessment, counselling, and treatment as directed by the Treatment Team to advance my recovery.

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28. For the term of the Program, I understand that I will be required to follow all Program rules and directions given by the GPDTC Justices, Treatment Team, JHS staff, JHS contractors, JHS volunteers, and staff at its partner agencies and residential treatment centres.
29. I understand that during my participation in the Program, I will face sanctions or termination if I do not abide by:
- My GPDTC Release Order.
 - The rules in the Program Participant Manual.
 - My signed Phase Requirements Forms.
30. I understand that the GPDTC Team members will work collaboratively during my involvement in GPDTC to determine the most effective interventions to ensure my progress through the Program while still maintaining public safety. Accordingly, I consent to the sharing of my personal information, history, criminal charges/convictions, and behavior amongst members of the GPDTC Team.
31. I understand that any information related to my alleged participation in any new offences committed after I have been admitted into the Program may be shared amongst the GPDTC Team, including the Police Representative. I consent to this sharing of information about me.
32. I understand that, while I am participating in the Program, members of the GPDTC Team may receive information from, and share information with, Correctional Services, Alberta Supports (formerly Alberta Works), detox centers, residential addiction treatment agencies, and housing providers. Information exchanged will pertain to my needs, behaviors, overall functioning, and related decisions regarding my treatment. I consent to this sharing of information about me.
33. I understand and agree that as a result of my participation in the Program, information will be collected regarding my background, participation, needs, progress, etc. This information will be used to adjust my Treatment Plan, evaluate the Program, and learn about best practices. I consent to this collection of information about me.
34. In accordance with GPDTC funding requirements, GPDTC will share my individual information with the Government of Alberta, Department of Justice and Solicitor General. I understand that all information publicly reported will be aggregated so that I will not be individually identified. I consent to this sharing of information about me.
35. I have read and understand this form. I accept and consent to the terms of this form and the Program.

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Signatures	
<p>Signature of Applicant:</p> <p>_____</p> <p>Printed name of Applicant:</p> <p>_____</p> <p>Date: _____</p>	<p>Signature of Counsel:</p> <p>_____</p> <p>Printed name of Counsel:</p> <p>_____</p> <p>Defence Counsel <input type="checkbox"/> Duty Counsel <input type="checkbox"/></p> <p>Date: _____</p>

Please forward this completed form together with the Termination Policy Acceptance Form with Termination Policy attached to AlbertaDrug_TreatmentCourt@ppsc-sppc.gc.ca.

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

**GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTc)
TERMINATION POLICY ACCEPTANCE FORM**

I acknowledge that I have read the attached GPDTc Termination Policy. I agree to be bound by this policy as amended from time to time. I understand that there will be no Termination Hearing or the like in Court itself, nor will any decision to terminate myself from the GPDTc Program be subject to the right of appeal.

Signatures	
Signature of Applicant: 	Signature of Counsel:
Printed name of Applicant: 	Printed name of Counsel:
Date: _____	Defence Counsel <input type="checkbox"/> Duty Counsel <input type="checkbox"/> Date: _____

Please forward this completed form with Termination Policy attached to AlbertaDrug_TreatmentCourt@ppsc-sppc.gc.ca.

GRANDE PRAIRIE DRUG TREATMENT COURT PROGRAM

GRANDE PRAIRIE DRUG TREATMENT COURT (GPDTCC) TERMINATION POLICY

11.1 Overview

The GPDTCC's termination process is designed to facilitate timely decision-making, consistency, and fair and respectful treatment of Participants.

Participants ought to be aware of the GPDTCC Termination Policy as a copy of it and an Acceptance Form were to have been entered as exhibits pursuant to Section 5.1 herein [Guilty Plea(s)].

Termination from the Program may occur due to the following as explained below:

- Absconding from the Program.
- Committing a "Major Program Violation".
- Repeated non-compliance with rules of the Program.
- Treatment options are exhausted.
- Irrevocable breakdown in relationship with the Treatment Team.

11.2 Grounds for Termination

11.2.1 Absconding

A Participant who absconds may be terminated from the Program.

11.2.1.1 Absconding ≤ 30 Days

For periods up to and including 30 days from the date a warrant issued, the Termination Process outlined below shall be followed (i.e. Treatment Team shall select Option A or B).

11.2.1.2 Absconding > 30 Days

For periods over 30 days:

- absent circumstances deemed exceptional by the GPDTCC Team,
- the Participant shall be summarily terminated by the Justice upon the application of the Crown in GPDTCC,
- even if the Participant is present in Court and opposes.

If the Participant wishes to be re-admitted to the Program, the GPDTCC application process must be followed unless otherwise permitted by the GPDTCC Team.

11.2.2 Major Program Violation

Reasonable grounds to believe a Participant has engaged in any of the following Major Program Violations may result in termination. The termination process outlined below shall be followed (i.e. Treatment Team shall select Option A or B).

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Major Program Violations include the following:

- The Participant has shown a continuous pattern of dishonesty.
- The Participant has either directly or indirectly interfered with a GPDTC drug test in any way that impacts or potentially impacts its accuracy or integrity.
- The Participant has engaged in new criminal activity and/or has been charged with new criminal or drug offences while in the Program (other than a charge of simple possession of a drug or failing to comply with a term of release that is not otherwise criminal activity).
- The Participant is found in possession of anything that, in the GPDTC Team's opinion, constitutes a weapon.
- The Participant has engaged in or exhibited behaviors that caused actual harm or posed a threat of harm to others.
- The Participant has been abusive towards Program staff.
- The Participant has forged signature(s) as to attendance at meetings.
- The Participant has acted as an informant based on information obtained as a result of participation in the Program.

11.2.3 Repeated Non-Compliance

When a Participant repeatedly fails to comply with Program rules despite graduated sanctions and other interventions, the Participant may be terminated from the Program. The termination process outlined below shall be followed (i.e. Treatment Team shall select Option A or B).

11.3 Possible Outcomes of Grounds for Termination

11.3.1 Treatment is Unavailable

When adequate or suitable treatment is not available to meet a Participant's needs (i.e., treatment options are exhausted) due to Ground(s) for Termination, the Participant shall be terminated.

11.3.2 Breakdown in Relationship

An irrevocable breakdown in the relationship between the Participant and the Treatment Team arising from Ground(s) for Termination shall cause the Participant to be terminated.

11.4 Termination Process

The following steps are a general framework and are not necessarily sequential. The steps may be adjusted in the discretion of the GPDTC Team to meet the specific needs of the situation while maintaining fairness to the Participant.

At any meetings where termination is being discussed, Duty Counsel and a GPDTC Justice may be present. The Justice may take part in general discussions but shall refrain from expressing an opinion on termination other than in general terms as a ruling might ultimately be required.

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All discussions between GPDTC Team members shall remain confidential. In particular, the opinions of specific individuals are not to be circulated.

The Termination Process is as follows:

1. *Once grounds for termination arise:*

- a. Bail may be revised or revoked.
- b. Via emails or during one or more Pre-Court Meetings, the Treatment Team may seek direction as to whether conduct constitutes a Major Program Violation or to clarify next steps with the GPDTC Team.
- c. The Treatment Team shall prepare one or more Weekly Court Update Reports listing the Participant's Ground(s) for Termination and classifying whether each ground constitutes a Major Program Violation and/or represents repeated non-compliance with Program rules. The Reports shall be shared with the Participant or Defence Counsel by the Program Manager on a weekly basis during the Termination Process.
- d. If the Participant remains out of custody, or has bail revoked and is later released:
 - i. The Participant shall comply with all release conditions, and compliance shall be monitored by a Probation Officer.
 - ii. Unless the GPDTC Team otherwise directs, all GPDTC programming, resources, and services to the Participant are suspended.
 - iii. Unless the GPDTC Team otherwise directs, all regular meetings between the Participant and the Program Manager, Case Manager, etc. are also suspended, to be replaced by a specified form of contact (e.g. phone call) between the Participant and Program Manager, Case Manager, etc.
- e. If the Participant goes into custody, unless the GPDTC Team otherwise directs, the Participant shall phone the Program Manager, Case Manager, etc. as directed by the Treatment Team.
- f. Unless the GPDTC Team otherwise directs, Court Updates in GPDTC by the Participant shall continue, but interaction may be limited to that between the Participant and the Justice and the Program Manager. The Participant shall not receive any rewards even if doing well during the Termination Process.

2. *Treatment Team's Review*

- a. The Participant shall be given the opportunity to complete a "Request to Continue in the Program" form by a set date.
- b. The Treatment Team may meet with the Participant, even if the Participant is in custody (in which case the meeting may be remote), to address the grounds giving rise to termination.
 - i. If the Participant has counsel, the Crown will obtain consent as to the Treatment Team meeting with the Participant, and counsel may opt to be present during the meeting(s).

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- ii. The Participant's "Request to Continue in the Program" form (if applicable) shall be reviewed and discussed with the Participant.
- c. The Participant may be required to complete a motivational or other assessment.
- d. If Defence Counsel is retained, the Crown shall, via email, c.c.ed to all concerned members of the GPDTC Team:
 - i. ensure Defence Counsel is aware of this Termination Policy and process;
 - ii. advise Defence Counsel that another "Request to Continue in the Program" form may be completed with the assistance of Defence Counsel if not completed previously; and
 - iii. invite Defence Counsel on an ongoing basis as required to attend one or more Pre-Court Meetings to discuss the matter of termination, both before and after the Treatment Team has selected a termination option.

3. Treatment Team's Position

- a. The Treatment Team shall, taking as much time as it reasonably needs, select one of the options below. (Appendix E sets out a Decision Tree regarding Termination Options.)
- b. Before the Participant is actually terminated, the Treatment Team may change its mind and instead decide upon the other option, and so advise in the Participant's Weekly Court Update Report with reasons. The termination process listed in the other option shall then commence.

Option A – Treatment Team decides whether Participant goes

Criteria to select Option A:

- 1. Treatment Team's relationship with Participant has irrevocably broken down. ***AND/OR***
- 2. All treatment options have been exhausted.

Notes re: Option A:

- 1. It is irrelevant if the Participant is willing and able to change.
- 2. It is irrelevant if the Participant is opposed to being terminated.
- 3. The Treatment Team shall prepare a Weekly Court Update Report to be shared with the Participant indicating that the Treatment Team has selected Option A and the reason(s) why.
- 4. Duty Counsel may discuss the situation with the Participant.
- 5. The DTC Justice shall, upon the application of the Crown in GPDTC, summarily terminate the Participant from the Program and provide the reason(s) why.
- 6. Bail may be revised or revoked if not done so already.
- 7. The matter shall proceed to sentencing as soon as possible.

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Option B – Justice decides whether Participant goes

Criteria to select Option B:

1. Treatment Team's relationship with Participant is still viable. **AND**
2. Treatment options are still available.

Notes re: Option B:

1. The Treatment Team shall prepare a Weekly Court Update Report for the Participant indicating that the Treatment Team has selected Option B **and** whether the Treatment Team is recommending termination and the reason(s) why.
2. Duty Counsel may:
 - a. discuss the situation with the Participant and
 - b. advise the Participant of their right to retain counsel privately or through Legal Aid.
3. If the Participant is agreeable to being terminated, the DTC Justice shall, upon the application of the Crown in GPDTC, summarily terminate the Participant from the Program and provide the reason(s) why.
4. If the Participant is opposed to being terminated, the GPDTC Team shall in Pre-Court Meetings and/or in emails, discuss whether the Participant ought to be terminated.
5. At Pre-Court Meetings, the GPDTC Team (including Duty Counsel and a GPDTC Justice) shall be in attendance as well as possibly Defence Counsel.
6. At any point, if the Justice who has carriage of the matter is satisfied that (after taking into account the considerations in #7 below), the Participant ought to remain in the Program, the matter shall immediately proceed to #8.
7. Once all discussions have been had in full, the Justice shall consider the totality of circumstances, including grounds for termination, the Participant's phase of the Program, record of behavior including rewards and sanctions, the Participant's Court Updates (in particular after the grounds for termination arose), the Weekly Court Update Reports, the Treatment Team's position, the opinion of other GPDTC Team members, and any other relevant factor.
 - a. Although not necessarily determinative, to remain in the Program, the Participant must at minimum satisfy the Justice that they will make better use of the Program and that they are willing *and* able to change.
 - b. Indicators of a sincere, renewed motivation for recovery and change include that the Participant:
 - i. Was able to describe the circumstances that led to the problematic behavior(s), and the Participant's responsibility in an honest and fulsome manner;
 - ii. Was able to demonstrate congruent verbal and non-verbal behavior (i.e., actions and words align);
 - iii. Was able to provide an explanation and specific reasons for renewed hope, motivation, or belief in their readiness to use the Program to further benefit; and
 - iv. Was able to state concrete and specific changes to which they will commit.
8. If the Justice decides that termination **is not** appropriate, the Participant shall be so advised.
 - a. If the Participant is not in custody, bail may be revised.

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- b. If in custody, the Participant shall not be released until the Treatment Team is in agreement after reviewing and possibly revising the Participant's Treatment Plan.
 - c. One or more sanctions may still be imposed for the Participant's conduct giving rise to the grounds for termination.
9. If the Justice decides that termination *is* appropriate;
- a. The decision and reasons for same shall be provided on the record in GPDTC;
 - b. any material tendered by the Crown and Participant during the Option B steps shall be marked as exhibits; and
 - c. sentencing shall take place as soon as possible.

Appendix E – GPDTC Decision Tree re: Termination Options

