

**Consent and Waiver  
(Court Monitored Drug Treatment Program)**

**Charge(s):**

I, \_\_\_\_\_, understand that I am charged with the following criminal offence(s):

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**Normal Criminal Justice System vs. Court Monitored Drug Treatment Program:**

I understand that I may deal with my charge(s) in one of two ways:

1. Through the normal criminal justice system; or
2. Through the Nova Scotia Court Monitored Drug Treatment Program (the "Program").

**Consultation with a Lawyer:**

- I have spoken with a lawyer about the charge(s) against me, and we have reviewed the evidence (or the summary of the evidence) that the Crown has provided and have discussed possible defences to the charge(s) and the weaknesses in the Crown's case. I am aware that I have the right to receive all relevant evidence against me regarding the above charge(s).
- I have also spoken with my lawyer about proceeding through the Program rather than proceeding through the normal criminal justice system. I have reviewed and discussed this Consent and Waiver form with my lawyer.

**Voluntary Participation:**

I am choosing to voluntarily participate in the Program, and I acknowledge that no one has forced me to participate in the Program.

**Pleading Guilty:**

I acknowledge that I must take responsibility for my charge(s), and I agreed to plead guilty to the following charge(s):

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I admit that I did what is set out in the Crown disclosure, or as set out in an agreed statement of fact.

**60-Day Grace Period:**

I understand that if I remain in the Program for more than 60 days after being formally admitted to it, I am giving up my right to plead “not guilty” to the charge(s) and to have a trial. I am prepared to give up these rights in order to participate in the Program.

**Waiving Delay:**

As a condition of entering the Program, I hereby waive my right to be sentenced as soon as practical pursuant to Section 720 of the *Criminal Code*.

**Confidentiality and Use of Information:**

- In order to participate in the Program, I understand I will need to be honest and open with the members of the Program’s Team (i.e. Crown counsel, Defence counsel, treatment providers, evaluators, and Probation officers).
- I understand that what I have said and done in applying for admission to the Program will not be used in Court against me.
- I also understand that what I have said and done while in the Program will be shared and discussed among the members of the Program’s Team in my absence during the pre-Court meeting. I am satisfied that my lawyer or Duty Counsel will represent my interests.
- I further understand that I will be monitored by the Program’s Team in regard to medication compliance, attendances at emergency rooms, contact with Mobile Crisis, appointments, and attendance at programs including but not limited to housing, employment, and educational upgrades. My attendance will also be monitored with respect to groups, leisure activities, and other organized outings. Directed projects will also be monitored, as will curfew checks, police interaction, and any new charges.
- Neither the results of my drug screening or any statements about my use of drugs that I make during counselling sessions may be used by the Crown to prosecute me for drug offences or breaching my bail conditions.
- I understand that information may be collected about my participation in the Program for purposes of evaluating the Program. I understand that my information will be kept confidential to the extent possible, and my name will not be given to the evaluator(s).

**Length of Program:**

I understand that there is no fixed time limit for the completion of the Program; although it is anticipated that it will take between 12 and 24 months to complete the Program, which is a program of intense supervision by a Judge.

**Application and Assessment:**

There are a number of steps that need to be completed prior to me being formally accepted into the Program:

1. A referral made to the Program.
2. I regularly attend the Program Court since the referral.
3. The Crown determines that I am an “eligible candidate” for the Program.
4. The Addictions Program Clinician completes a Readiness Assessment for use by the Program’s Team to determine if I should be formally admitted to the Program, as well as an Opiate Treatment Program (OTP) Assessment to determine suitability for a methadone/suboxone treatment program for medical reasons.
5. I will sign medical and legal consents for release of information.
6. I will appear in the Program Court to enter guilty plea(s) to the charge (s) against me.
7. I am currently on release conditions which may be varied after being formally admitted to the Program.

**Program Obligations:**

Participation in the Program will require that I:

- Attend and fully participate in scheduled counselling sessions and group sessions.
- Participate in goal planning and the development of a care plan.
- Attend required and random urine drug screening and agree to share the results of those tests with the Program’s Team.
- Make frequent Court appearances.
- Agree to the sharing of information among the treatment providers and the Program’s Team.
- Obey the conditions of my Court-imposed release conditions (including abstinence from all substances, unless prescribed by my treating physician).
- Keep all information about other participants confidential.
- Keep the Court and my treatment providers advised of my current address.
- Advise the Court of any new criminal charges against me.
- Participate and follow all program requirements/expectations of the Program and the OTP.

**Program Expectations:**

1. I will attend all scheduled Court appearances.
2. I will participate in all treatment programs and abide by the rules of the treatment programs as directed by the Addictions Program Clinician.
3. I will provide urine samples as directed.
4. I will keep the Addictions Program Clinician advised of my current address and phone number. I will not change my address unless or until the change is approved by the Program.
5. I acknowledge that engaging in disruptive or aggressive behaviour at a treatment centre(s) or while appearing before the Provincial Court may lead to my removal from the Program.
6. If I am unable to attend scheduled Court appearances for any reason, I will contact my lawyer as soon as possible.
7. I acknowledge that a warrant may be issued for my arrest if I fail to attend Court without giving proper notice or excuse to the Program prior to my scheduled appearance.
8. If I am unable to attend Program appointments for any reason, I will advise the Addictions Program Clinician as soon as possible at (902) 722-1035. I may be asked to provide a doctor's note to confirm absences for medical reasons.
9. I will sign the necessary releases and consents to access pertinent health information to support my treatment.

**Breach of Release Conditions:**

I agree to abide by the conditions of my release order (including abstinence from all substances, unless prescribed by my treating physician) and to attend Court as and when directed. If I do not, the following may happen:

- A warrant may be issued for my arrest.
- My release conditions may be revoked or varied.
- I may be removed from the Program; and/or
- I may be charged with a criminal offence.

Positive substances tests will be dealt with as follows, unless a more specific consequence has been set out by the Crown and/or the Judge:

- A first positive test will result in a warning from the Judge.
- A second positive test will result in a homework assignment being completed. Incomplete homework will be treated as positive test.
- A third positive test will result in bail revocation.
- A fourth positive test will result in termination from the Program, which may or may not result in termination from the OTP.

**Withdrawal or Removal from the Program:**

I understand that I may withdraw, or the Court may remove me, from the Program **within 60 days of being formally admitted**, and if that happens during the 60 days, then I may apply to have my guilty plea(s) struck, and the Crown will not oppose the application. My matters will then be returned to the normal criminal justice system. My bail in the Program may be revoked or varied, and I may re-apply for bail in the appropriate Court.

If I withdraw, or the Court removes me, from the Program after I have been formally admitted for **more than 60 days**, I understand that my guilty plea(s) will be binding on me, and I will be sentenced by the Program's Court, or be returned to the normal criminal justice system for sentencing. Nothing that I have said to my counsellor(s) while in the Program or my drug screening test results will be used by the Crown against me in the sentencing hearings.

Withdrawal or termination from the Program does not necessarily mean removal/termination from the OTP Addictions Program.

**Successful Completion of the Program:**

I understand that in order to receive any legal benefit from the Program, I must complete the Program phase to the satisfaction of the Court. It will require:

- proven abstinence confirmed by drug screening for cocaine, opioids, or methamphetamine for a minimum of three months prior to completion;
- no new findings of criminal guilty or outstanding criminal or *Controlled Drugs and Substances Act* charges;
- obtained stable housing and/or demonstrated an ability to maintain housing;
- demonstrated pro-social community involvement such as employment, school, volunteer work with a charitable or non-profit organization, and/or other activities as approved by the Program.

If I complete the Program phase to the satisfaction of the Court, then the Court will not impose a jail sentence. The completion of the Program phase of the CMDTP will conclude in a sentencing, which will then place a participant on a Probation Order (the duration to be determined). The Probation Order will be followed by the CMDTP's Probation Officer and the participant will be

expected to attend Court as direct by the Judge. If the participant successfully completes the Probation term, their formal completion will be marked by a Graduation celebration.

**By signing this form, I acknowledge that I have read it and fully understand it.**

Dated at \_\_\_\_\_, Nova Scotia, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Counsel for Participant

\_\_\_\_\_  
Signature of Participant

Original to: The Court  
Copy to: Participant  
Addictions Program Clinician  
Federal and Provincial Crown  
Defence/Duty Counsel  
OTP Clinician  
Mental Health Court Office