

**Consent to Share Court and Correctional Services Information**

I, \_\_\_\_\_, do hereby give my consent to the Court and to Correctional Services to release Court and Correctional Services records, including any correctional facility files and probation files, and for staff of Court and Correctional Services to speak with the Nova Scotia Mental Health Court (NS MHC) Program Team members. This access is for the purposes of my application and/or participation in the NS MHC Program, including the Court Monitored Drug Treatment Program (CMDTP). This information may also be used to evaluate the NS MHC Program, but any information will not be used in a way that can identify me.

\_\_\_\_\_  
Signature of Applicant/Participant

\_\_\_\_\_  
Date of Birth (day/month/year)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_

Expiry Date of Consent: \_\_\_\_\_