



DRUG TREATMENT COURT Crown Questionnaire

Please note that if the Drug Treatment Court Application is submitted without a completed Crown Questionnaire, the application will be considered invalid and cannot be processed. The Crown Questionnaire must also be completed with the assistance of counsel. The information provided in this questionnaire is intended to assist the Drug Treatment Crown in the initial assessment and will not be used for prosecution purposes if offender is not approved for the Toronto Drug Treatment Court Program.

a) Offender's Name: _____
Date of Birth: _____

b) Charges _____

c) What drug(s) is the offender addicted to? _____

d) When is the last time the offender used addictive drugs? _____

e) Has the offender taken any steps in the past to control addictions? _____

If yes, what were these steps? _____

If no, why not? _____

f) Is housing available? Yes: No:

If yes, what type of housing is available? Permanent: Temporary: Shelter:
Details: _____

g) Does the offender have a criminal record? Yes: No:

h) Does the offender's record include convictions for offences of violence? _____

i) Can any information be provided with respect to the circumstances surrounding the violent offences? _____

j) Are there any reasons why you may be ineligible for the Drug Treatment Court Program?
Yes: No:

If yes, what are they? _____

k) Are there any mitigating factors that should be considered? Yes: No:

If yes, please list them: _____

l) Are there any additional comments? _____

False or misleading information provided in this questionnaire or during any phase of the Drug Treatment Court screening process may result in the applicant's expulsion from the program.

I have completed this form with the assistance of my counsel. Yes: No:

Date

Offender's Signature

Lawyer's Signature

*It is by verbal consent of the client
on their behalf.

that counsel (noted above) can sign this form