

PETERBOROUGH COMMUNITY SUPPORT COURT

APPLICATION FORM

<u>PART ONE</u> – To be completed by Accused/Counsel

Date:		☐Track 1 ☐ Tra	ack 2 Diversion		
Name of Accu	ısed:	Counsel Name:	Date Of Birth:	Criminal Record: ☐ YES ☐ NO	
		Court Worker:	Self Identify as Aborigina	l:	
			☐ YES ☐ NO		
Currently on I		In Custody: ☐ YES ☐ NO	Next Court Appearance Date:	Co-Accused:	
			Court #:		
Please list the Charges, Dates of Offences presently before the court:					
Driefly describe Addiction and/or Montal Health issues					
Briefly describe Addiction and/or Mental Health issues:					
Briefly describe the link between the issue(s) described above and the offence alleged:					
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I hereby apply to be considered for the Community Support Court Program. Eligibility will be determined by the Crown in accordance with the eligibility				rt Program.	
				_	
	criteria.				
	_		trial from the time I am acce	-	
Community Support Court until I am no longer involved. I have had the opportunity to speak to legal counsel before agreeing to waive these section 1					
	rights."	to speak to legal coulises	before agreeing to waive th	iese section i i(b)	
والمام مام والم	y thin have are	d funing mu name haland la	om ala atrania allu ai anima dhi - f	orm	
ву спескіпо	j inis box and	u typing my name below, I a	am electronically signing this fo	orm	
Signature of t	he Accused	 Date	<u> </u>		
Signature of t	no Accuseu	Date	•		



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PART TWO TO BE COMPLETED BY CROWN COUNSEL ONLY

Does the Accused satisfy the Eligibility Criteria?	Reason for exclusion: Seriousness of Offence Violence Criminal Record Circumstances of Offence					
☐ YES ☐ NO	Other:					
Approved for initial Assessment:	☐ YES ☐ NO					
☐ Track 1 ☐ Track 2 ☐ Diversion						
If No, Crown's position:						
Any Crown conditions Attached? (i.e.Bail changes)						
Cianatura	Data					
Signature	Date					