



**WELLNESS COURT PROGRAM
Participant Consent Form**

I _____ understand that I am charged with:

Charge(s): _____ Date(s) of charge(s): _____

Participation in the Wellness Court Program is entirely voluntary. I understand that I must choose to take part in the Wellness Court Program and that I must meet the eligibility requirements for this program.

To qualify for this program I must:

- Plead guilty to an offence I have been charged with.
 - Provide personal information such as criminal information, health information to my Case Manager for the purpose of the administration of this program.
 - Participate in an intensive treatment program if directed to do so by my Case Manager.
 - Accept medical care from a qualified psychiatrist and take prescribed medication if required to do so.
 - Undergo drug testing urinalysis on request.
1. I have reviewed the evidence with a lawyer who has provided me with all of my legal options.
 2. I understand that I must first qualify for, and be accepted into, the Program. To be accepted into the Program:
 - I must attend and participate in an assessment with a Case Manager to determine my suitability for the Program. This assessment may require sessions with a mental health professional.
 3. If accepted into the program, I will plead guilty at my first Wellness Court appearance.
 4. If I am accepted into the Program, I understand that it is a program of intense treatment and support, which will take approximately 6 to 18 months to finish. The Court will decide if and when I have

successfully completed the Program. My achievements and progress in the Program will be considered by the Court in sentencing. By choosing to participate in the Program, I agree to waive my right to be sentenced as soon as reasonably possible. I understand and give my consent to my sentencing being delayed until completion of, or termination from, the Program.

5. I understand that an individualized wellness plan will be created for me. My wellness plan will require me to attend regular sessions as directed by the Court and my Case Manager and may include other obligations as determined by the Court on the advice of my wellness team.
6. I understand that while being assessed, and once I am accepted into the Program, I will be subject to conditions and required, among other things, to:
 - make frequent Court appearances
 - agree to regular reports on my progress from my Case Manager to the Court
 - attend regularly for counselling, programming, treatment and/or mental health care as directed by the Court and my Case Manager
7. I understand that I may apply to my Case Manager, my lawyer, or the Court to change my bail conditions.
8. I understand that if I breach any of my bail conditions, a warrant may issue for my arrest, my bail may be revoked and/or I may be terminated from the Program and charged with failure to appear or breach of my recognizance. If I withdraw or am terminated from the Program, I understand that my bail may be revoked or varied, but that I may reapply for bail in the appropriate court.
9. I understand that if I do not follow all of the conditions of the Program, after giving me an opportunity to explain, the Court may:
 - increase the number of my court appearances
 - change any other conditions of my bail
 - extend the number of months that I must spend in the Program
 - revoke my bail for a number of days
 - expel me from the Program
10. I further understand that the Court has the discretion, in consultation with my treatment provider, to revise my treatment plan as required.
11. I understand that while I am participating in the Program, members of the Wellness Court Team will discuss my case prior to each attendance in Wellness Court. As a condition of being allowed to participate in the Program, I waive my right to be present at those meetings. I am satisfied that Legal Aid Duty Counsel or my lawyer will represent my interests at these meetings. I understand that during

such meetings, my treatment providers and members of the Wellness Court Team will share information about my progress in the Program, which may include personal and/or personal health information about me and I consent to the disclosure of such information.

12. I understand that once I have been accepted into the Program, I may leave at any time, but if I choose to leave the Program before completion, I will not be entitled to withdraw my guilty plea(s) (unless under exceptional circumstances) and I will be sentenced by a Territorial Court Judge on the charges to which I have pled guilty.

13. I understand that my Criminal Record (including youth offences) will be disclosed to the Wellness Court Team, including my treatment providers. I understand that my involvement in the Program may form part of an evaluation study of the Program itself. I understand that my involvement may be used to compile statistics for Drug Treatment Court Programming. If this is the case, my identity will be kept confidential.

14. Please identify the factors/issues you hope to address through the Wellness Court Program:

I have read and understand this form. I choose to participate in the Program and to obey all the terms and conditions of my bail.

Dated: _____

Applicant: _____

Signature: _____

Address: _____

Telephone: _____

Counsel: _____

Signature: _____

Address: _____

Telephone: _____

The personal information collected on this form relates directly to and is necessary for the administration of the Wellness Court Program. If you have questions regarding the collection of this information please contact Specialized Courts, Department of Justice, 867-767-9249.