

Support. Hope. Thrive.

REFERRAL INFORMATION			
Name of Referrer:		Role:	
Telephone #:		E-mail Address:	

APPLICANT INFORMATION			
Name of Participant:		Date of Birth:	
Current Address:		Gender:	
E-mail Address:			
Telephone #:		Alternate #:	
Emergency Contact:		Relationship:	Phone #: <input type="text"/>
Substance use in last 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:	
Treatment Mandated By:		Legal Status:	

LAWYER INFORMATION – if different from referrer			
Name of Lawyer:		Address:	
Telephone #:		E-mail Address:	

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List the charges that are presently before the Ontario Court of Justice in Guelph, and/or any recent criminal or drug charges which are the result of an underlying addiction

1)	Offence Date: _____ Offence Type: CDSA <input type="checkbox"/> CC <input type="checkbox"/>	Location: _____ List offences: _____ Co-Accused (if any): _____
2)	Offence Date: _____ Offence Type: CDSA <input type="checkbox"/> CC <input type="checkbox"/>	Location: _____ List offences: _____ Co-Accused (if any): _____
3)	Offence Date: _____ Offence Type: CDSA <input type="checkbox"/> CC <input type="checkbox"/>	Location: _____ List offences: _____ Co-Accused (if any): _____
4)	Offence Date: _____ Offence Type: CDSA <input type="checkbox"/> CC <input type="checkbox"/>	Location: _____ List offences: _____ Co-Accused (if any): _____

RELEVANT ADDITIONAL INFORMATION

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SIGNATURE:		DATE:	
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Please fax completed application to the Addiction Court Support Counsellor at (519) 837-8035.