



**PETERBOROUGH COMMUNITY SUPPORT COURT  
APPLICATION FORM**

**PART ONE – To be completed by Accused/Counsel**

Date:  Track 1  Track 2  Diversion

Name of Accused:	Counsel Name:	Date Of Birth:	Criminal Record: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Court Worker:	Self Identify as Aboriginal: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Currently on Probation: <input type="checkbox"/> YES <input type="checkbox"/> NO	In Custody: <input type="checkbox"/> YES <input type="checkbox"/> NO	Next Court Appearance Date:	Co-Accused:
		Court #:	
Please list the Charges, Dates of Offences presently before the court:			
Briefly describe Addiction and/or Mental Health issues:			
Briefly describe the link between the issue(s) described above and the offence alleged:			

- I hereby apply to be considered for the Community Support Court Program. Eligibility will be determined by the Crown in accordance with the eligibility criteria.
- I agree to waive my rights to a timely trial from the time I am accepted into 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 11(b) rights.”

\_\_\_\_\_  
Signature of the Accused

\_\_\_\_\_  
Date



PETERBOROUGH COMMUNITY SUPPORT COURT

APPLICATION FORM

**PART TWO**

**TO BE COMPLETED BY CROWN COUNSEL ONLY**

<p>Does the Accused satisfy the Eligibility Criteria?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Reason for exclusion:</p> <p><input type="checkbox"/> Seriousness of Offence <input type="checkbox"/> Violence <input type="checkbox"/> Criminal Record</p> <p><input type="checkbox"/> Circumstances of Offence</p> <p><input type="checkbox"/> Other:</p>
<p>Approved for initial Assessment: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> Track 1 <input type="checkbox"/> Track 2 <input type="checkbox"/> Diversion</p>	
<p>If No, Crown's position:</p>	
<p>Any Crown conditions Attached? (i.e. Bail changes)</p>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date