

### FORM 1

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#### GENERAL INFORMATION

Name of accused : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Contact information : \_\_\_\_\_

Name and contact information of a significant person : \_\_\_\_\_

#### COURT INFORMATION

Record number(s): \_\_\_\_\_

Date of appearance: \_\_\_\_\_

Released

In custody

Name of defence lawyer: \_\_\_\_\_

#### REASON FOR REFERRAL

Known diagnosis, obvious observed behaviour that may indicate a mental disorder, active psychiatric monitoring, under an Administrative Tribunal of Québec mandate, etc.:

I hereby authorize the representative(s) of the Programme d'accompagnement justice et santé mentale+ (PAJ-SM+), including in particular the criminal and penal prosecuting attorney, the defence lawyer, the caseworker, the CAVAC, the probation officer and \_\_\_\_\_ working for the program, to obtain or disclose clinical and personal information concerning my situation from or to health and social services institutions or organizations providing me with services. In the case of an offense eligible for the program committed in a context of domestic violence, sexual violence or mistreatment towards an elderly person, I authorize the transmission of the contents of the intervention plan to the CAVAC and the victim person. I understand that this information is confidential, but I consent to its disclosure by representatives of the Program. The information will be disclosed only to determine my eligibility and for hearings as part of the PAJ-SM+. As a result, the information may in no case be used against me in later judicial proceedings, unless I explicitly consent to its use. Except if written or verbal revocation by me is entered in my record, this agreement is valid for information already obtained and for information to be obtained at a later date, up to the end of the judicial proceedings.

I understand my right to a trial within a reasonable time in accordance with section 11(b) of the *Canadian Charter of Rights and Freedoms* and section 32.1 of the *Charter of human Rights and Freedoms*. I understand that this application to assess my eligibility for the PAJ-SM+ will necessarily lead to extra delays and explicitly waive my right to invoke the judicial delays resulting from the Programme d'accompagnement justice et santé mentale+. I consent to the filing of this document in court in the records identified above in the event of a motion under section 11(b) of the *Canadian Charter of Rights and Freedoms*.

*N.B. It is important to ensure that the persons who sign this form are authorized to do so by the legislation in force. Where applicable, please mention the title (curator or holder of parental authority) under which the person is authorized to sign.*

Signature of the justiciable: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to the signature: \_\_\_\_\_

Date: \_\_\_\_\_