

**WINNIPEG MENTAL HEALTH COURT**

**THE RULES – YOUR DUTIES AND OBLIGATIONS  
(After Plea)**

The following are examples of rules with which you must comply:

1. You must attend for all of your treatment appointment dates;
2. You must attend for all of your court appearances;
3. You must consistently take medication as prescribed by the treatment team;
4. You must not cause a public disturbance and you must obey all laws and regulations and any court order that applies to you;
5. You must comply with all of the rules and expectations of the program.

If you disobey any of the rules you may face the following penalties:

1. You may be reprimanded by the court;
2. You may be required to attend more treatment appointments;
3. You may be required to attend court more often;
4. Your treatment period may be longer;
5. Your bail release may be cancelled and you may be placed in custody for up to five (5) days; and/or
6. You may be expelled from Mental Health Court and sentenced in the usual court system.

If you complete the program to the satisfaction of the Mental Health Court, you will receive a sentence that does not involve going to jail or the Crown may stay your charges.

**I have read and understood the rules of Mental Health Court. I have received a copy of this page.**

\_\_\_\_\_  
Signature of Defendant/Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Counsel/Duty Counsel

\_\_\_\_\_  
Date

**WINNIPEG MENTAL HEALTH COURT PRE PLEA  
APPLICATION FORM**

*The information provided in this Application is intended to assist the Forensic Assertive Community Treatment FACT team in contacting the person for the amenability appointment.*

**Name:** \_\_\_\_\_

**Date of Birth (day/month/year):** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**In Custody:**    Yes    No

**If in custody, indicate where currently being held:** \_\_\_\_\_

\_\_\_\_\_

**Defence Lawyer contact information:**

**Name of lawyer:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**WINNIPEG MENTAL HEALTH COURT  
APPLICATION FORM**

*Please note that if the Mental Health Court Application is not completed in full by the Accused, the application will be considered invalid and cannot be processed. The Application Form should be completed with the assistance of counsel. If there is not enough space provided to answer questions in full, please attach additional sheets.*

*The information provided in this Application is intended to assist the Mental Health Crown in the initial assessment and will not be used for prosecution purposes if the offender is not approved for the Mental Health Court Program*

**PART I (to be completed by Accused/defence counsel)****Name:** \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In Custody:    Yes    No

If in custody, indicate where currently being held: \_\_\_\_\_

Gender:                      Male                      Female                      Transgender

Date of Birth (day/month/year): \_\_\_\_\_

Arrest Date: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Is there a co-Accused:            Yes    No    If yes, name of co-Accused: \_\_\_\_\_

All outstanding charges: \_\_\_\_\_  
\_\_\_\_\_

Outstanding Warrants (incl. other jurisdictions):                      Yes                      No

If yes, provide details: \_\_\_\_\_

Current Probation Orders:                      Yes                      No

If yes, provide details: \_\_\_\_\_

Previously Diverted Charges:                      Yes                      No

If yes, provide details: \_\_\_\_\_

Immigration Order:                      Hold                      Deportation Order                      Other                      None

Has the offender taken any steps in the past to address his/her mental health condition?

Yes

No

If yes, what were these steps? \_\_\_\_\_

\_\_\_\_\_

Why were the steps unsuccessful and what is different now?

\_\_\_\_\_

\_\_\_\_\_

If no steps have been taken, why not?

\_\_\_\_\_

\_\_\_\_\_

Has the offender been diagnosed with a pervasive mental illness (Axis I Disorder in the DSM-IV), such as schizophrenia, bipolar disorder, anxiety disorder, depression and dementia?

Yes

No

What was the diagnosis? \_\_\_\_\_

Who is treating the Psychiatrist? \_\_\_\_\_

What medications are currently prescribed? \_\_\_\_\_

What medications have been prescribed in the past?

\_\_\_\_\_

Who is the Family Doctor? \_\_\_\_\_

Do you have a Community Mental Health Worker? \_\_\_\_\_

If yes, what is the name of worker? \_\_\_\_\_

Is a family member involved in care of offender? \_\_\_\_\_

Is housing available to the offender?

Yes

No

If yes, what type of housing is available?

\_\_\_ Permanent

\_\_\_ Temporary

\_\_\_ Shelter

Details: \_\_\_\_\_

Does the offender have a criminal record?                      Yes                      No

Does the offenders' record include convictions for offences of violence?    Yes                      No

Can any information be provided with respect to the circumstances surrounding the violent offences? \_\_\_\_\_  
\_\_\_\_\_

Are there any reasons why you may be ineligible for the Mental Health Court Program?  
Yes                      No

If yes, what are they? \_\_\_\_\_  
\_\_\_\_\_

Are there any mitigating factors that should be considered?  
Yes                      No

If yes, please list them: \_\_\_\_\_  
\_\_\_\_\_

Why are you applying to have your matters dealt with in the Mental Health Court program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**False or misleading information provided in this Application or during any phase of the Mental Health Court Program screening process may result in the Applicant's expulsion from the program.**

**I hereby apply to be considered for the Mental Health Court Program.**

I have completed this form with the assistance of counsel:

Yes                      No

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

\_\_\_\_\_  
Date

**PART II (to be completed by defence counsel)**

Lawyer's Name and Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Accused will be required to sign a waiver acknowledging rights to counsel, accepting responsibility for the offence(s) and agreeing to participate in Mental Health Court by following the Mental Health Court Rules and the specific bail conditions to be imposed at the Accused's first appearance in Mental Health Court. Have you canvassed this with your client and reviewed the Mental Health Court Rules with your client?

Yes

No

\_\_\_\_\_  
Signature of Defence Counsel

\_\_\_\_\_  
Date

**PART III (initial assessment by Program Manager)**

Program Manager: \_\_\_\_\_

Is the Accused an acceptable candidate for Mental Health Court?

Yes and Accused is interested.

Yes but Accused is not interested

No – Reasons: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Assessment Appointment Date: \_\_\_\_\_

Suggested Date of 1<sup>st</sup> Court Appearance: \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Manager

\_\_\_\_\_  
Date

**WINNIPEG MENTAL HEALTH COURT**

**WAIVER - TRACK 1**

*Track 1 is designed for offenders who are charged with Criminal Code offences and who have a severe and pervasive mental illness. The Crown will stay the charge(s) against successful Track 1 participants.*

I, \_\_\_\_\_ understand that I am charged with:

Charge:

Date:

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I have read the Police Reports containing a summary of the evidence against me. I have spoken to a lawyer about the charges including whether there are any defences to the charge or any weaknesses in the evidence against me.

I do not want a trial. I will give up my right to plead not guilty.

No one may force me to participate in the Mental Health Court Program. I choose to take part in the Mental Health Court Program. I understand to qualify for the Program:

- I must plead guilty
- I must provide information about my background
- I must provide my history of mental illness
- I may be required to participate in an intensive treatment program
- I may be required to accept medical care from a qualified psychiatrist and take prescribed medication
- I may be required to undergo drug testing (urinalysis)

I understand that I must first qualify for, and be accepted in, the Program. To be accepted into the Program:

- I must attend for, and participate in, an assessment with Mental Health professionals to determine my eligibility for the Program;





- This assessment may require sessions with a mental health professional;
- If accepted into the program, I will plead guilty at my first MHC appearance.

If I am not accepted into the Program, anything I say or do during the application process will be kept confidential and will never be used against me in court. If within thirty (30) days of my first MHC appearance, I decide that I do not want to remain in the Program, I will be allowed to voluntarily withdraw. I will be entitled to withdraw my guilty plea(s) and to have my case returned to the regular court system, by advising the court in person at my MHC appearance, that I have decided not to complete the Program as long as I do so within thirty (30) days of my first MHC appearance.

If I am accepted into the Program, I understand that it is a program of intense supervision by a Judge, which will take approximately 18 to 24 months to finish. The Court will decide if and when I have successfully completed the Program. If I successfully complete the Program to the satisfaction of the Court, the Crown will stay the charge(s) against me. 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.

I understand that I will be assigned to an individualized service plan. My service plan will require me to attend regular sessions with Mental Health professionals and may include other obligations as determined by the Court on the advice of my Treatment Providers.

I understand that while being assessed, and once I am accepted into the Program, I will be subject to a Mental Health Court Bail Order and required to, among other things:

- make frequent Court appearances
- agree to regular reports on my progress from my Mental Health service providers to the Court



## Justice

- attend regularly for counselling, programming, treatment and/or mental health care as directed by the Court and my service provider
- undergo random drug testing
- take medication, if any, as prescribed by my psychiatrist
- abstain from possessing or consuming illegal drugs or other intoxicating substances
- abstain from possessing or consuming alcohol if required

I understand that I may apply to the Court to change my bail conditions.

I understand that if I breach any of my bail conditions, if I fail to attend Court or if I fail to attend for treatment as required, 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.

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
- order me to remain in Court until it is finished for the day
- order me to do Community Service Work
- 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

I further understand that the Court has the discretion, in consultation with my mental health service provider, to revise my service plan as required.



**Justice**

I understand that while I am participating in the Program, members of the Mental Health Court Team will discuss my case prior to each attendance in Mental Health 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 Mental Health 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..

I understand that once I have been accepted to the Program, I may leave at any time, but if I choose to leave the Program after 30 days and before graduation, I will not be entitled to withdraw my guilty pleas and I will be sentenced by a Provincial Court Judge on the charges to which I have pled guilty.

I understand that my Criminal Record including youth offences will be disclosed to the Mental Health 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. If this is the case, my identity will be kept confidential.

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 \_\_\_\_\_, at Winnipeg, Manitoba

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Defence Counsel: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



## WINNIPEG MENTAL HEALTH COURT

### WAIVER - TRACK 2

*Track 2 is designed for offenders who are charged with certain Criminal Code offences who also have a severe and pervasive mental illness. Upon successful completion, Track 2 participants will be given a non-custodial sentence.*

I, \_\_\_\_\_ understand that I am charged with:

Charge:

Date:

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I have read the Police Reports containing a summary of the evidence against me. I have spoken to a lawyer about the charges including whether there are any defences to the charge or any weaknesses in the evidence against me.

I do not want a trial. I will give up my right to plead not guilty.

No one may force me to participate in the Mental Health Court Program. I choose to take part in the Mental Health Court Program. I understand to qualify for the Program:

- I must plead guilty
- I must provide information about my background
- I must provide my history of mental illness
- I may be required to participate in an intensive treatment program
- I may be required to accept medical care from a qualified psychiatrist and take prescribed medication
- I may be required to undergo drug testing (urinalysis)

I understand that I must first qualify for, and be accepted in, the Program. To be accepted into the Program:

- I must attend for, and participate in, an assessment with Mental Health professionals to determine my eligibility for the Program;





- This assessment may require sessions with a mental health professional;
- If accepted into the program, I will plead guilty at my first MHC appearance.

If I am not accepted into the Program, anything I say or do during the application process will be kept confidential and will never be used against me in court. If within thirty (30) days of my first<sup>t</sup> MHC appearance, I decide that I do not want to remain in the Program, I will be allowed to voluntarily withdraw. I will be entitled to withdraw my guilty plea(s) and to have my case returned to the regular court system, by advising the court in person at my MHC appearance, that I have decided not to complete the Program as long as I do so within thirty (30) days of my first MHC appearance.

If I am accepted into the Program, I understand that it is a program of intense supervision by a Judge, which will take approximately 18 to 24 months to finish. The Court will decide if and when I have successfully completed the Program. If I successfully complete the Program to the satisfaction of the Court, I will be sentenced but the Court will not impose a sentence that requires me to go to jail. 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.

I understand that I will be assigned to an individualized service plan. My service plan will require me to attend regular sessions with Mental Health professionals and may include other obligations as determined by the Court on the advice of my Treatment Providers.

I understand that while being assessed, and once I am accepted into the Program, I will be subject to a Mental Health Court Bail Order and required to, among other things:

- make frequent Court appearances
- agree to regular reports on my progress from my Mental Health service providers to the Court



## Justice

- attend regularly for counselling, programming, treatment and/or mental health care as directed by the Court and my service provider
- undergo random drug testing
- take medication, if any, as prescribed by my psychiatrist
- abstain from possessing or consuming illegal drugs or other intoxicating substances
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I understand that I may apply to the Court to change my bail conditions.

I understand that if I breach any of my bail conditions, if I fail to attend Court or if I fail to attend for treatment as required, 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.

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
- order me to remain in Court until it is finished for the day
- order me to do Community Service Work
- 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

I further understand that the Court has the discretion, in consultation with my mental health service provider, to revise my service plan as required.



**Justice**

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I understand that once I have been accepted to the Program, I may leave at any time, but if I choose to leave the Program after 30 days and before graduation, I will not be entitled to withdraw my guilty pleas and I will be sentenced by a Provincial Court Judge on the charges to which I have pled guilty.

I understand that my Criminal Record including youth offences will be disclosed to the Mental Health 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. If this is the case, my identity will be kept confidential.

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 \_\_\_\_\_, at Winnipeg, Manitoba

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Defence Counsel: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_