

X The accused shall appear in Court on the date and at the time provided by the District Clerk, County Clerk, Court Administrator, and District Attorney, Bail Bondsman or the accused's attorney. **WARNING: *Written notice to appear will be sent to accused's last known address.***

 X The accused shall sign a release of information allowing the Collin County District Attorney's Office and/or the Community Supervision and Corrections Department to contact and receive information from medical and substance abuse treatment providers.

 X The accused shall have a substance abuse evaluation and follow all recommendations of evaluation.

 X The accused shall submit a non-diluted random urine sample for testing and/or other approved medical test as directed by the court.

Failure to comply with any term set out above shall result in revocation of bond.

Agreed: _____ Date: _____
Attorney for the State

Agreed: _____ Date: _____
Attorney for the Defendant

Agreed: _____ Date: _____
Defendant

Signed this the _____ day of _____, 20____.

Presiding Judge